NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

April 13-14, 2022

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

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: March 29, 2022

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday April 13, 2022, at 9:00 am. The meeting will continue, Thursday, April 14, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or in person at the following location:

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

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

Please Note:

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

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

The Nevada State Board of Pharmacy may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to three minutes per person. You may call into the videoconference by following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time**.**

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the March 2-3, 2022 Meeting Minutes (**FOR POSSIBLE ACTION)**

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

A. Advanced Diabetes Supply – Carlsbad, CA
B. AMSR LLC – Centennial, CO
C. RehabPulse Inc – Middleton, WI

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

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

D. A-dec, Inc. – Fenton, MO
E. A-dec, Inc. – Newberg, OR
F. Gilead Sciences, LLC – Foster City, CA
G. Modavar Pharmaceuticals LLC – Washington, DC
H. Spectra Medical Devices, LLC – Wilmington, MA
I. Stratatech Corporation – Madison, WI
J. Trigen Laboratories, LLC – Sayreville, NJ

K. Trigen Laboratories, LLC – Tampa, FL

4.2.3 Publicly Traded (NAC 639.593(7)(a))

L. Becton, Dickinson and Company – Columbus, NE
M. FedEx Supply Chain, Inc. – Mooresville, IN
N. Henry Schein Inc. – Southlake, TX

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

O. Covetrus North America – Aurora, CO
P. Covetrus North America, LLC – Columbus, OH
Q. Covetrus North America, LLC – Columbus, OH
R. Covetrus North America, LLC – Ft. Worth, TX
S. Covetrus North America – Lexington, KY
T. Covetrus North America – Southaven, MS
U. Covetrus North America, LLC – Tualatin, OR
V. Covetrus North America, LLC – Visalia, CA
W. Integrated Commercialization Solutions, LLC – Brooks, KY

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

X. AcelRx Pharmaceuticals, Inc. – Hayward, CA
Y. Ascendis Pharma Endocrinology, Inc. – Princeton, NJ
Z. Cytokinetics, Incorporated – South San Francisco, CA
AA. Johnson & Johnson Vision Care, Inc. – Jacksonville, FL
BB. Kite Pharma, Inc. – Frederick, MD
CC. Marinus Pharmaceuticals, Inc. – Radnor, PA
DD. Novartis Gene Therapies, Inc. – Durham, NC

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

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

EE. Reliance Wholesale, Inc. – Miami, FL
FF. Summit SD, LLC – Lee's Summit, MO

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background checks completed in compliance with NRS 639.500.

GG. 21st Century Environmental Management of Nevada, LLC – Fernley, NV

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

HH. Community Health Alliance Sun Valley Pharmacy – Sun Valley, NV
II. Save Mart Pharmacy #551 – Carson City, NV
JJ. Save Mart Pharmacy #552 – Carson City, NV
KK. Save Mart Pharmacy #553 – Reno, NV
LL. Save Mart Pharmacy #554 – Reno, NV
MM. Save Mart Pharmacy #555 – Reno, NV
NN. Save Mart Pharmacy #556 – Reno, NV
OO. Save Mart Pharmacy #559 – Reno, NV

4.5 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

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

PP. Alto Pharmacy, LLC – San Francisco, CA
QQ. Coram CVS/Specialty Infusion Services – Cumberland, RI
RR. Covetrus North America, LLC – Portland, ME
SS. Curexa – Galloway, NJ
TT. IHS Acquisition XXX, Inc. – Denver, CO
UU. Lemonaid Pharmacy, LLC – Saint Louis, MO
VV. Optum Infusion Services 550, LLC – Scottsdale, AZ
WW. PipelineRx – Denver, CO
XX. PipelineRx – Rosemont, IL
YY. US Bioservices – Anaheim, CA
ZZ. US Bioservices – Carrollton, TX
AAA. Vital Care Rx – Meridian, MS

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

BBB. Covetrus North America, LLC – Omaha, NE
CCC. Covetrus North America, LLC – Phoenix, AZ
DDD. Medication Management Partners, LLC – Crestwood, IL
EEE. Pharmacy Solutions – Ann Arbor, MI

4.8 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance (**FOR POSSIBLE ACTION**)

◈ REGULAR AGENDA ◈

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

A. Alyssa Cocjin (20-109-TD-N)
B. Sowjanya Reganti, MD (20-109-CS-A-N)
C. Vodur Suresh Reddy, MD (20-109-CS-B-N)

D. Emily Guerard, MD (20-109-CS-C-N)
E. Santhosh Ambika, MD (20-109-CS-D-N)
F. Tejvir Singh, MD (20-109-CS-E-N)
G. Aaron Bowman, MD (20-109-CS-F-N)
H. Juan Cattoni, MD (20-109-CS-G-N)
I. Walgreens Pharmacy #4242 (17-076-PH-S)
J. Nazida Zebari (17-076-RPH-S)
K. Maria Martinez, MD (21-221-CS-S)
L. Kristina Nguyen (21-223-CS-S)
M. Ida Washington (21-224-CS-S)
N. George Dockendorf, DO (21-216-CS-S)
O. Paul Howse (20-135-RPH-S)
P. Justine Stanevich (20-135-PT-S)
Q. Sircy Moore (21-111-CS-S)
R. Jose Dastas, RPH (18-130-RPH-S)
S. Vertisis Custom Pharmacy, LLC (18-130-PH-S)
T. Abdel Khalek (22-019-N)
U. Ukoshovbera Gbenedio (21-178-RPH-N)
V. Rajkamal Hansra (21-217-CS-S)
W. Robert Hill, DDS (21-219-CS-S)
X. Elliot Shin (18-100-CS-S)
Y. Chad Hall (21-108-CS-S)
Z. William Torch, MD (21-227-CS-N)
AA. Kord Strebel (19-053-CS-S)
BB. Thomas Strebel (19-053-RPH-S)

6. Application for Veterinarian Authority to Dispense Drugs (NAC 639.7423) – Appearance **(FOR POSSIBLE ACTION)**

   Sircy Moore

7. Application for Pharmacist Registration by Examination (NRS 639.127) – Appearance **(FOR POSSIBLE ACTION)**

   John Revolinski

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

   A. Xiaojiao Brown
   B. Erika Cardon
   C. Lyndon Leitner
   D. Thomas Muthart
   E. Cody Walker
   F. David Walters

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

   A. David James Smith
   B. Sherman Washington – Iuventus Medical Center – Las Vegas, NV
   C. Sherman Washington – Iuventus Medical Center – Las Vegas, NV

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

    Complete Care Pharmacy – Las Vegas, NV

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

    The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

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

    IgG of America, Inc. – Linthicum Heights, MD

13. Applications for Nevada Veterinary Drug Supplier License (NRS 639.2345) – Appearance **(FOR POSSIBLE ACTION)**

   A. Tractor Supply #1753 – Carson City, NV
   B. Tractor Supply #1822 – Minden, NV
   C. Tractor Supply #2200 – Pahrump, NV
   D. Tractor Supply #2274 – Sparks, NV
   E. Tractor Supply #2465 – Las Vegas, NV
   F. Tractor Supply #2471 – Las Vegas, NV

14. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy (NAC 639.403)– Appearance **(FOR POSSIBLE ACTION)**

   A. Quynh Nhu Doan
   B. Jennifer Miller

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

16. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations

C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration

◈ WORKSHOP ◈

Thursday April 14, 2022 – 9:00 am

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

A. **Amendment to Nevada Administrative Code (NAC) 453**. The proposed amendments relate to controlled substances, provide for the registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I.

B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments will require the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board.

◈ PUBLIC HEARING ◈

Thursday April 14, 2022 – 9:00 am

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

A. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I**. The proposed amendment to NAC 453.510 will add isotonitazene to the list of controlled substances listed in Schedule I. (LCB File R006-22)

B. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** (LCB File R007-21)

C. **Amendment of Nevada Administrative Code (NAC 639).** Establishes languages in which certain pharmacies are required to provide the directions for use of a prescription drug to certain patients. (LCB File R119-21)

D. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I** (Two active compounds in Kratom (Mitragyna speciosa korth)). The proposed amendment to NAC 453.510 will add Mitragynine (some trade or other names: methyl (E)-2-[(2S,3S,12bS)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3- a]quinolizin-2-yl]-3-methoxyprop-2-enoate; αE,2S,3S,12bS)-3-ethyl-1,2,3,4,6,7,12,12boctahydro-8-

methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; (E)-16,17-didehydro-9,17-dimethoxy-17,18-seco-20α-yohimban-16- carboxylic acid methyl ester; 9-methoxy Corynantheidine) and Hydroxymitragynine (some trade or other names: 7-hydroxymitragynine, (αE,2S,3S,7aS,12bS)-3-ethyl- 30 1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; 9-methoxycorynantheidine hydroxyindolenine; mitragynine hydroxyindolenine), to the list of controlled substances listed in Schedule I. (LCB File R144-20)

19. Date and Location of Next Scheduled Board Meeting:

June 1-2, 2022 – Las Vegas, NV

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

21. Adjournment

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

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

No Continuing Education credit, will be given for attending this Board meeting.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

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NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: bop.nv.gov

MINUTES

March 2-3, 2022

BOARD MEETING

Pursuant to Governor Steve Sisolak's Emergency Directive 044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

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

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Courtney Lee	Leo Basch	Ken Scheuber	Luis Curras
Dena McClish	Sophia Long	Dave Jones	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

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

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

2. Public Comment March 2 2022, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the January 12-13, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve January Board meeting minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Bioness Inc. – Valencia, CA
B. CPAP.com – Stafford, TX
C. DRUGSOURCE, INC. – Elk Grove Village, IL
D. Lantz Medical, Inc. – Indianapolis, IN

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

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

E. American Regent, Inc. – New Albany, OH
F. Cypress, Hawthorn and Macoven – Brentwood, TN

G. Grove Pharmaceuticals – Miami, FL
H. North American Rescue, LLC – Greer, SC
I. Noven Pharmaceuticals, Inc. – Miami, FL
J. Padagis US LLC – Minneapolis, MN
K. RVL Pharmaceuticals, Inc. – Bridgewater, NJ
L. Waylis Therapeutics LLC – Wixom, MI
M. Xeris Pharmaceuticals, Inc. – Chicago, IL

4.2.3 Publicly Traded (NAC 639.593(7)(a))

N. Agile Therapeutics, Inc. – Princeton, NJ

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

O. BioCareSD – Tempe, AZ
P. Health Coalition, Inc. – Doral, FL
Q. Padagis South Carolina LLC – Duncan, SC
R. UPS Supply Chain Solutions, Inc. – Fairdale, KY

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

S. AmerisourceBergen Drug Corporation – Whitestown, IN
T. Den-Mat Holdings, LLC – Lompoc, CA
U. Millstone Medical Outsourcing, LLC – Olive Branch, MS

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

V. DENTSPLY North America LLC – Lancaster, PA

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 <u>Background checks completed in compliance with NRS 639.500. No Disqualifying Events.</u>

W. Cardio Partners, Inc. – Woodruff, WI
X. DHL Supply Chain (USA) – Knoxville, TN
Y. My Medical Supply – Little Rock, AR
Z. Optum Wholesale, Inc. – Covina, CA
AA. SpecialtyCare, Inc. – Nashville, TN

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

BB. Omnia Pharmacy Inc. – Las Vegas, NV
CC. Save Mart Pharmacy #551 – Carson City, NV

DD. Save Mart Pharmacy #552 – Carson City, NV
EE. Save Mart Pharmacy #553 – Reno, NV
FF. Save Mart Pharmacy #554 – Reno, NV
GG. Save Mart Pharmacy #555 – Reno, NV
HH. Save Mart Pharmacy #556 – Reno, NV
II. Save Mart Pharmacy #559 – Reno, NV

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

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

JJ. Allergy Partners Therapeutics – Asheville, NC
KK. Apex Specialty Pharmacy – Riverside, MO
LL. Avel eCare Pharmacy – San Antonio, TX
MM. CTCA/Rx – Newnan, GA
NN. Healthcare Pharmacy LLC – Phoenix, AZ
OO. HomeCare Rx, Inc. – Fairfield, NJ
PP. InfuCare Rx of LA – Kenner, LA
QQ. InfuCare Rx of MD –Cumberland, MD
RR. IV Solutions Rx – Tampa, FL
SS. MedWiseRx – Austin, TX
TT. Optime Care Inc. – Earth City, MO
UU. Premise Health Wellness Center - Brentwood, TN
VV. Simple Meds, LLC – Indianapolis, IN

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

4.7 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance (**FOR POSSIBLE ACTION**)

Jade Jacobo recused herself from 4Z as she works for the company.

President Park commented that 4CC-4II has been continued to a future Board meeting.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda excluding agenda items 4CC-4II and 4Z.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: Krystal Freitas moved to approve Consent Agenda Item 4Z.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

◈ REGULAR AGENDA ◈

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

A. Kinex Medical Company, LLC (21-039-MP-S)

Lyn Beggs appeared as counsel on behalf of Kinex Medical Company.

Michael Buckholdt, President, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt made an opening statement on the charges that Kinex operated without proper licensure.

Ms. Beggs and Mr. Kandt stipulated to the exhibits and transcript of the April 2021 appearance before the Board included in the Board Book on pages 1751-1847.

Ms. Beggs made an opening statement that Kinex had no malintent, had already paid $10,000 in fines, and no longer intends to engage in business in Nevada.

Ms. Beggs called Mr. Buckholdt as a witness and examined him on the events that occurred.

The Board questioned Mr. Buckholdt.

Ms. Beggs made a closing statement and asserted that there was no evidence for the third and fifth causes of action.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that the Board has jurisdiction over this matter and make findings of fact consistent with paragraphs 1-21 of Notice of Intended Action and Accusation.

Second: Gener Tejero

Action: Passed unanimously.

Board discussion ensued.

The Board decided to vote on each cause of action separately.

Board Action:

Motion: Jade Jacobo moved to find Kinex Medical Company guilty of the first cause of action.

Second: Gener Tejero

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Kinex Medical Company guilty of the second cause of action.

Second: President Park

Action: Passed unanimously.

Board Action:

Motion: Gener Tejero moved to find Kinex Medical Company guilty of the third cause of action.

Second: Wayne Mitchell

Aye: Park, Freitas, Zakariassen, Mitchell, Tomasso, Tejero
Nay: Jacobo

Action: Motion carries.

Board Action:

Motion: Gener Tejero moved to find Kinex Medical Company not guilty of the fourth cause of action.

Second: Wayne Mitchell

DRAFT

Action: Passed unanimously.

Board Action:

Motion: Gener Tejero moved to find Kinex Medical Company not guilty of the fifth cause of action.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board discussion ensued on potential discipline for Kinex Medical Company.

Board Action:

Motion: Richard Tomasso moved to suspend Kinex Medical Company, License No. MP00623, until October 31, 2022 if Kinex decides to renew their license they shall appear before the Board.

Second: President Park

Board discussion ensued.

Aye: Park, Freitas, Tomasso, Mitchell, Zakariassen
Nay: Jacobo, Tejero

Action: Motion carries.

Krystal Freitas was excused from the meeting at 11:26 AM.

D. Lesli Ann Hewitt-Spears, DVM (21-112-CS-N)

Thomas Donaldson appeared as counsel on behalf of Lesli Ann Hewitt-Spears.

Lesli Ann Hewitt-Spears appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt presented a proposed stipulation for the Board's consideration on pages 1921-1924 of the Board book.

Board discussion ensued.

Board Action:

DRAFT

Motion: Wayne Mitchell moved to approve the proposed Stipulation and Order as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously (Freitas not present).

G. Order to Show Cause: Richard Washinsky, MD (19-232-CS-S)

Richard Washinsky appeared and was sworn in by President Park prior to answering questions and offering testimony.

Kevin Murphy appeared as counsel on behalf of Richard Washinsky.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Washinsky not following his Order with the Board.

Mr. Murphy commented to the Board that Dr. Washinsky's response is not included in the Board book.

Board discussion ensued.

President Park offered if they would like to table until 1:30 PM so that they can redact the document.

Mr. Murphy agreed.

B. Darrel Foth, RPH (21-186-RPH-N)

Darrel Foth appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt made an opening statement on the charges of diversion of a controlled substance by Mr. Foth.

The Board questioned Mr. Foth on the events that occurred with his disclosure.

Mr. Forth provided background on the diversion and the steps of his pharmacist recovery program with Maximus.

Board discussion ensued.

Mr. Kandt requested that the Board make findings of fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested that the Board make conclusions of law consistent with paragraphs 9-12 of the Notice of Intended Action and Accusation and find respondent guilty of all four causes of action.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with paragraphs 9-12 of the Notice of Intended Action and Accusation and find the respondent guilty of all four causes of action.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt proposed in conjunction with renewal the following penalties: Respondent's Certificate of Registration No, 15593 be revoked, stay the revocation and place on probation with conditions for four years requiring compliance with the California Board of Pharmacy's Order and prohibit working as a managing pharmacist or owning a pharmacy. Upon completion of probation, Mr. Foth's registration will be fully restored.

Board Action:

Motion: Jade Jacobo moved to revoke Respondent's Certificate of Registration No, 15593, then stay the revocation and place on probation with conditions for four years requiring compliance with the California Board of Pharmacy's Order and prohibit working as a managing pharmacist or owning a pharmacy. Upon completion of probation, Mr. Foth's registration will be fully restored.

Second: Rolf Zakariassen

Action: Passed unanimously.

9. Application for Pharmacist Registration Renewal (NRS 639.127) – Appearance. (**FOR POSSIBLE ACTION)**

Darrel Foth

This matter was addressed in Agenda Item 5B.

Mr. Wuest commented that Mr. Foth's pharmacist registration has already been renewed.

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

G. Order to Show Cause: Richard Washinsky, MD (19-232-CS-S)

Krystal Freitas returned to the meeting at 11:37 AM.

The Board resumed the hearing for Dr. Washinsky.

Ms. Lee called Dave Jones as a witness.

Dave Jones, Compliance Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee questioned Mr. Jones.

Mr. Jones provided testimony about the total number of controlled prescriptions authorized by Dr. Washinsky, and the number of unique patients. The number of patients who were queried was approximately 72%. Mr. Jones additionally provided 2 specific patient examples where Dr. Washinsky did not query the PMP database at all.

Ms. Lee wanted to clarify that the Order to Show Cause on page 1945 of the Board Book has a typographical error which should state 219 not 119 in paragraph 3.

Mr. Murphy cross-examined Mr. Jones.

Ms. Lee called Dr. Washinsky as a witness and questioned him.

Mr. Murphy requested President Park to enter his exhibit into the record.

Ms. Lee made a limited objection that the documents provided are not the same time range as the period that Mr. Jones pulled Dr. Washinsky's PMP report.

President Park admitted the exhibit into the record.

Mr. Murphy cross-examined Dr. Washinsky.

Ms. Lee requested clarification from Dr. Washinsky on if he shared his credentials, or login information and password, with other people.

Dr. Washinsky confirmed that he shared his credentials.

Ms. Lee advised that sharing his credentials is prohibited.

The Board questioned Dr. Washinsky.

Dr. Washinsky admitted that he did not query every single patient in the PMP database.

Ms. Lee commented that Dr. Washinsky did not follow the Order as he failed to query myRx as required by NRS 453.164(7) at least once every 6 months; Dr. Washinsky also failed to query each patient as required by NRS 639.23507(1) upon initial prescription of a controlled substance, and thereafter every 90 days.

Mr. Murphy commented that this investigation is incomplete and request Board to review their response before deciding.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Order to Show Cause for Dr. Richard Washinsky.

Wayne Mitchell amended his motion.

Board Action:

Motion: Wayne Mitchell moved that the evidence presented shows that Dr. Richard Washinsky violated the terms of his Order.

Second: Jade Jacobo

Action: Passed unanimously.

Board discussion ensued on the proposed discipline for Dr. Washinsky.

Board Action:

Motion: Wayne Mitchell moved to suspend Dr. Richard Washinsky's Controlled Substance Registration No. CS06491 for a period of 180 days, effective immediately. Dr. Washinsky should contact the Board to get trained and go over the obligations for the Prescription Monitoring Program (PMP), and the probation for his original Order be extended for 48 months effectively immediately.

Second: Jade Jacobo

Action: Passed unanimously.

Richard Tomasso and Krystal Freitas were excused from the meeting at 3:15 PM.

J. Mahendra DeFonseka, MD (21-215-CS-S)

Mahendra DeFonseka appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding prescribing a controlled substance with an expired license.

Mr. Keegan provided a proposed Stipulation and Order for the Board's consideration.

The Stipulation and Order proposes the following penalties for Dr. DeFonseka: 1) public reprimand; 2) pay a fine of $5,000; 3) pay $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Dr. DeFonseka agreed to enter a payment plan for the Board's consideration.

Board discussion ensued.

Jade Jacobo commented that the effective date of this Order should state "30 days".

Mr. Keegan agreed to update the Stipulation and Order.

Richard Tomasso and Krystal Freitas returned to the meeting at 3:24 PM.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order as presented by Mr. Keegan with changes to include the effective date to state, "30 days".

Second: Wayne Mitchell

Action: Passed unanimously.

I. Marcia Clevesy, APRN (21-214-CS-S)

No representative was present on behalf of Marcia Clevesy.

Mr. Keegan prosecuted the case regarding prescribing a controlled substance with an expired license.

Mr. Keegan requested President Park to enter Exhibits 1-2 into the record.

President Park entered Exhibits 1-2 into the record.

Mr. Keegan called Darlene Nases as a witness.

Darlene Nases, Assistant Board Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan questioned Ms. Nases on her serving Ms. Clevesy for this hearing.

Ms. Nases answered questions to the Board's satisfaction.

Mr. Keegan requested the Board to consider a default pursuant to NRS 639.242, NRS 639.255; and NRS 622A.350 since Marcia Clevesy's was properly noticed and failed to appear.

Board Action:

Motion: Jade Jacobo moved to approve the default as Marcia Clevesy was properly served for this hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan made an offer of proof as to Exhibit 2-5 and requested President Park to enter Exhibits 3-5 into the record.

President Park entered Exhibits 3-5 into the record.

Mr. Keegan requested the Board find the accusation, the factual allegations, applicable law, and the alleged violations be found as true.

Board Action:

Motion: Jade Jacobo moved to find the accusation, the factual allegations, applicable law, and the alleged violations be found as true.

Second: Krystal Freitas

Action: Passed unanimously.

Board discussion ensued on proposed discipline for Ms. Clevesy.

Board Action:

Motion: Jade Jacobo moved to revoke Marcia Clevesy's Certificate of Registration No. CS25606, effective immediately.

Second: Wayne Mitchell

Board discussion ensued.

Jade Jacobo amended her motion.

Board Action:

Motion: Jade Jacobo moved to revoke Marcia Clevesy's Certificate of Registration No. CS25606, effective immediately. If she requests reinstatement, she will need to appear before the Board.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan requested the Board to approve the attorney's fees and costs in Exhibit 5.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $715.87 on the basis that they were reasonable, necessary and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

7. Petition for Reinstatement of Controlled Substance Registration and Dispensing Practitioner Registration pursuant to NRS 639.257 – Appearance. **(FOR POSSIBLE ACTION)**

   Dhaval Shah

Dhaval Shah appeared and was sworn in by President Park prior to answering questions and offering testimony.

Jonathan Fayeghi appeared as counsel on behalf of Dhaval Shah.

Mr. Kandt provided background on the case.

DRAFT

The Board questioned Dr. Shah about his current plans to dispense and what type of drugs he will be dispensing.

Dr. Shah answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to reinstate Dhaval Shah's Controlled Substance Registration No. CS12590, effective immediately.

Second: Jade Jacobo

Action: Passed unanimously.

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

M. Lydia O'Connor-Sanders, DO (21-225-CS-S)

Lydia O'Connor-Sanders appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan prosecuted the issue regarding prescribing a controlled substance with an expired license.

The parties stipulated to the admissibility of Exhibit 1-4.

Mr. Keegan requested President Park to enter Exhibits 1-4 into the record.

President Park entered Exhibits 1-4 into the record.

Mr. Keegan called Ms. O'Connor-Sanders as a witness.

Mr. Keegan questioned Ms. O'Connor-Sanders on the events that occurred with this case.

Ms. O'Connor-Sanders answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Controlled Substance Certificate of Registration No. CS05298 for Lydia O'Connor-Sanders for a period of two years, effective

immediately. If she would like to reapply, she would need a substance abuse disorder evaluation.

Second: Rolf Zakariassen

Mr. Keegan commented that the factual allegations and the five causes of action need to be addressed.

Action: Jade Jacobo withdrew her motion.

Board Action:

Motion: Jade Jacobo moved to find the Factual Allegations paragraphs 2-3 and the Five Counts in paragraphs 12-16 of the Notice of Intended Action and Accusation are proven as true.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board discussion ensued on the discipline for Ms. O'Connor-Sanders.

Board Action:

Motion: Jade Jacobo moved to revoke Controlled Substance Certificate of Registration No. CS05298 for Lydia O'Connor-Sanders for a period of two years, effective immediately. If she would like to reapply, she would need a substance abuse disorder evaluation.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Sircy M. Moore, DVM (21-111-CS-S)

This matter was continued to a future Board meeting.

D. Paul H. Howse, RPH (20-135-RPH-S)

This matter was continued to a future Board meeting.

E. Justine Stanevich (20-135-PT-S)

This matter was continued to a future Board meeting.

H. William Bannen, MD (21-213-CS-S)

This matter was dismissed.

K. George Dockendorf, DO (21-216-CS-S)

This matter was continued to a future Board meeting.

L. William Torch, MD (21-227-CS-N)

This matter was continued to a future Board meeting.

N. Jose Dastas, RPH (18-130-RPH-S)

This matter was continued to a future Board meeting.

O. Vertisis Custom Pharmacy, LLC (18-130-PH-S)

This matter was continued to a future Board meeting.

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

A. Sandra Bledsoe, D/B/A VIP Faces (21-042-S)
B. Sandra Bledsoe, D/B/A Revenge MD (21-042-B-S/21-042-C-S)

The appeal hearings were vacated.

12. Application for Veterinarian Authority to Dispense Drugs (NAC 639.7423) – Appearance **(FOR POSSIBLE ACTION)**

Sircy Moore

This matter was continued to a future Board meeting.

20. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

Mr. Wuest provided the Executive Secretary Report to the Board's satisfaction.

Christian Schonlau, Nevada Board of Pharmacy Chief Financial Officer, provided the Financial Report to the Board's satisfaction.

Board discussion ensued.

Public Comment March 2 2022, 5:00 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning and performed the roll call. All Board members were present and a quorum was established.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Courtney Lee	Leo Basch	Ken Scheuber	Luis Curras
Dena McClish			

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest announced the April Board meeting will be a public appearance for discipline appearances, and the regular items can choose between Zoom or a public appearance. In addition, he commented that Agenda Item 5H for William Bannen was dismissed as he is deceased.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment March 3 2022, 9:00 AM

Brett Kandt, General Counsel for the Nevada Board of Pharmacy clarified the announcement regarding the April Board meeting. The Board meetings are always open to the public to appear in-person or via remote technology. For persons who may need to appear on behalf of an application, they can choose to appear in-person or via remote technology to the meetings. For persons who must appear on behalf of disciplinary matters, they will need to appear in-person to the meetings.

Casey Rodgers from Health Freedom of Nevada commented on SB 325 questioning why HIV is a concern for the Board right now.

◈ PUBLIC HEARING ◈

Thursday March 3, 2022 – 9:00 am

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

A. **Amendment of Nevada Administrative Code (NAC) 639.208.** The proposed amendment to NAC 639.208 will amend the requirements necessary for an applicant to obtain a registration as a pharmacist by reciprocity. (LCB File R040-21)

Ms. Long provided background on the public hearing item and the proposed language changes.

Mr. Wuest commented that this will allow easier reciprocation into Nevada.

President Park opened public comment for this proposed amendment.

Liz McMenamin from the Retail Association of Nevada is in favor of this proposed amendment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt regulation for Amendment of Nevada Administrative Code (NAC) 639.208**.** (LCB File R040-21)

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment of Nevada Administrative Code (NAC) Chapter 639** authorizing the Board to require certain euthanasia technicians to register with the Board; increasing certain fees; revising requirements for certain applications; requiring an applicant for registration as a pharmacist, pharmaceutical technician, or pharmaceutical technician in training to undergo a criminal background check; revising requirements for an outsourcing facility engaged in the compounding of sterile drugs. (LCB File R025-21)

Mr. Kandt provided background on the public hearing item and the proposed language changes.

President Park opened public comment for this proposed amendment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt regulation for Amendment of Nevada Administrative Code (NAC) Chapter 639. (LCB File R025-21)

Second: Rolf Zakariassen

Action: Passed unanimously.

C. **Amendment Of Nevada Administrative Code (NAC) 639.220, 639.715, 639.718 and 639 .720**: Use of automated drug dispensing system or mechanical device to dispense prescription drugs. (LCB File R013-21)

Mr. Wuest and Mr. Kandt provided background on the public hearing item and the proposed language changes.

President Park opened public comment for this proposed amendment.

Mr. Wuest commented that written comment by Quarles and Brady is in favor of the proposed amendment.

Jimmy Lau from Ferrari Reeder Public Affairs is in favor of the proposed amendment.

Board discussion ensued.

Board staff commented that they can make the proposed language clearer.

Board Action:

Motion: Krystal Freitas moved to adopt regulation for Amendment of Nevada Administrative Code (NAC) 639.220, 639.715, 639.718 and 639 .720 with General Counsels amendments. (LCB File R013-21)

Second: Jade Jacobo

Action: Passed unanimously.

D. **Amendment to Nevada Administrative Code (NAC 639.)** The proposed amendments will create a new section to implement the provisions of Senate Bill 325 requiring the Board to adopt regulations that establish requirements to allow a pharmacist to dispense drugs approved by the United State Food and Drug Administration for preventing the acquisition of human immunodeficiency virus. (LCB File R039-21)

Mr. Wuest provided background on the public hearing item and the proposed language changes.

President Park opened public comment for this proposed amendment.

Liz McMenamin from the Retail Association of Nevada is in favor of the proposed amendment and would like to move forward with this regulation quickly.

Ken Kunke from Nevada Pharmacy Alliance is in favor of the proposed amendment.

Mr. Wuest commented that he has been working closely with Medicaid on this proposed amendment. He would like the public to know that they need to be patient with payers on the regulation as they have their own process to implement these proposed changes.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt regulation for Amendment to Nevada Administrative Code (NAC 639.). (LCB File R039-21)

Second: President Park

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

A. Abbott Laboratories, Inc. – Irving, TX - Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) -
B. Abbott Laboratories Inc. - Irving, TX - Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) -
C. Abbott Laboratories Inc. – North Chicago, IL - Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) -
D. Abbott Laboratories Inc. – Plano, TX - Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) -
E. Abbott Laboratories Inc. – Roseville, MN - Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) -
F. Abbott Laboratories Inc. – Sylmar, CA – Background Check Not Required - Publicly Traded (NAC 639.593(7)(a)) –
G. Abbott Laboratories Inc. – Temecula, CA
H. Abbott Molecular Inc. – Elk Grove Village, IL - Background Check Not Required - Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))
I. Abbott Molecular Inc. – Des Plaines, IL - Background Check Not Required - Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))
J. Abbott Rapid Dx North America, LLC – Freehold, NJ – Background Check Not Required - Publicly Traded (NAC 639.593(7)(a))
K. Abbott Rapid Dx North America, LLC – San Diego, CA – Background Check Not Required - Publicly Traded (NAC 639.593(7)(a))
L. Alere San Diego Inc. – Pomona, CA – Background Check Not Required - Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

April Veoukas, Director of Regulatory Affairs, and Maria Vrabie, Director of Quality Assurance & Regulatory Affairs, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Veoukas and Ms. Vrabie to speak on behalf of the company.

Ms. Wuest provided clarification on their appearance regarding the company not having sufficient information on whether they have any disclosures in other states.

The Board questioned why the company is unable to provide a definite answer.

Ms. Veoukas answered that they are large company and unsure if they have any disclosures in other states.

Board discussion ensued.

President Park offered the company the option to table their application to meet with Board staff and file a completed application.

Ms. Veoukas agreed to table application.

President Park tabled application at their request.

M. Allergan USA, Inc. – Madison, NJ – Background Check Not Required - Publicly Traded (NAC 639.593(7)(a))

Christopher Reynolds, Director of Customer Logistics, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Michael Labson appeared as counsel on behalf of Allergan.

Board staff commented to Board that they reviewed the application and put the applicant on as an appearance. However, they were able to figure out the business model and have no concerns.

Board discussion ensued.

Richard Tomasso was excused from the meeting at 10:35 AM.

Board Action:

Motion: Rolf Zakariassen moved to approve the Out-of-State Wholesaler License for Allergan USA, Inc.

Second: Jade Jacobo

Action: Passed unanimously (Richard Tomasso not present).

Richard Tomasso returned to the meeting at 10:38 AM.

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

A. Northmark Pharmacy – Cincinnati, OH

Deepali Chachare, Managing Pharmacist, and Ron Ferguson, Pharmacy Consultant, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided clarification to the Board on application. A physician owning a pharmacy is allowed if they are not licensed in Nevada.

Joe Dodge, Nevada Board of Pharmacy Inspector, disclosed that he used to work with Mr. Ferguson but stated that he could participate in this matter fairly and without bias.

Mr. Dodge questioned the company on their business model, products being shipping into Nevada, and the products that they compound at their pharmacy.

Ms. Chachare answered questions to the Board's satisfaction.

Mr. Dodge commented that products need to be shipped directly to the patient.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Out-of-State Compounding Pharmacy License for Northmark Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

B. Sofie Co – Gilroy, CA

Kunj Patel, Director of Pharmacy and Regulatory, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Patel to speak on behalf of the company.

Mr. Dodge questioned Ms. Patel on the business model, her experience as a pharmacist, the guidelines for transportation of the products, and results of their California Inspection.

Ms. Patel answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Compounding Pharmacy License for Sofie Co.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Eagle, Inc. – Hoover, AL

This matter was continued to a future Board meeting.

B. Empower Pharmacy – Houston, TX

Ferdinand Large, Chief Compliance Officer, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Matthew Ludowig appeared as counsel on behalf of Empower Pharmacy.

Mr. Dodge provided background on the application and the results of their FDA Inspection.

Mr. Dodge questioned Mr. Large on the warning letter for reselling products, their 503A and 503B location, and the results of their FDA inspection.

Mr. Large and Mr. Ludowig answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Outsourcing Facility License for Empower Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

Krystal Freitas and Wayne Mitchell were excused from the meeting at 11:30 AM.

17. Application for Ambulatory Surgery Center License. – Appearance. **(FOR POSSIBLE ACTION)**

A. Centennial Specialty Surgery Center – Las Vegas, NV

Mary Grear, Consulting Pharmacist, and Alyssa Skophammer, Administrator, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Wayne Mitchell returned to the Board meeting at 11:31 AM.

Mr. Keegan provided background on the application and the disclosures for the owner, Daniel Taheri. His disclosures are regarding a public reprimand for deficiency of record keeping and parallel actions taken by the Nevada State Board of Medical Examiners.

Krystal Freitas returned to the Board meeting at 11:37 AM.

Mr. Wuest requested clarification on how the company has a DEA number without a Nevada License.

Ms. Grear clarified that they were licensed but due to COVID, the location was closed, and the license expired. However, they are slowly opening again.

Ms. Grear requested Board if they can have their old license number as it will be easier for the company.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Ambulatory Surgery Center License for Centennial Specialty Surgery Center with conditions that they retain their previous license number pending positive inspection.

Second: Jade Jacobo

Action: Passed unanimously.

B. Mountain West Surgical Center – Reno, NV

Mary Grear appeared as the Consulting Pharmacist.

Amanda Bellinger, Administrator, and Timothy Janiga, Medical Director, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application and disclosure for Ms. Grear regarding past discipline with the Board.

Board staff further clarified that the location is set to be completed in April 2022, and they are unable to get a licensure with the Department of Health until they are licensed with the Nevada Board of Pharmacy.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Ambulatory Surgery Center License for Mountain West Surgical Center pending Nevada Business License and positive inspection by the Board.

Second: Jade Jacobo

Action: Passed unanimously.

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

Blake Kigerl

Blake Kigerl appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on application and disclosure regarding diversion of a controlled substance.

The Board questioned Mr. Kigerl on the background of his disclosure and how much longer his Nevada Board of Nursing Monitoring agreement is for.

Mr. Kigerl answered questions to the Board's satisfaction.

President Park requested a copy of his letter from his Compliance Officer.

Board discussion ensued.

Mr. Kigerl clarified that he will only be prescribing dangerous drugs not controlled substances.

Board Action:

Motion: Jade Jacobo moved to approve Blake Kigerl Advance Practice Registered Nurse – Prescribe Registration for dangerous drugs only shall continue to comply with his Nursing Board Agreement.

Second: Krystal Freitas

Action: Passed unanimously.

10. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

Brandy Baker

Brandy Baker appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on application and disclosure regarding petty larceny.

Rolf Zakariassen disclosed that he was previously the Managing Pharmacist at CVS Store No. 9974 but stated that he could participate in this matter fairly and without bias.

The Board questioned Ms. Baker on the events that occurred with her disclosure and if she has applied to Renown previously.

Ms. Baker answered questions to the Board's satisfaction.

Rolf Zakariassen commented that the Managing Pharmacist transferred, so an updated application is needed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician in Training Registration for Brandy Baker pending favorable substance abuse disorder evaluation and an updated application with the current managing pharmacist signature or updated practice location.

Second: Wayne Mitchell

Action: Passed unanimously.

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

    Kurt Howe

Kurt Howe appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application and disclosure regarding diversion of a controlled substance.

Mr. Howe provided clarification on the events that occurred with his disclosure and reason for applying in Nevada.

Board discussion ensued.

Motion: Jade Jacobo moved to approve Application for Pharmacist Registration by Reciprocation for Kurt Howe as long as he stays compliant with his Georgia Board Order.

Second: Krystal Freitas

Action: Passed unanimously.

15. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

Greenbay Specialty Pharmacy – Las Vegas, NV – Background Check completed in compliance with NRS 639.500 - No Disqualifying Events – No Disclosures

Kardam Phjabi, Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan provided background on application.

The Board questioned the business model, where they are ordering products, how will they separate the pharmacy from the wholesaler side, and how Mr. Phjabi knows the owners.

Board discussion ensued.

The Board has concerns regarding the layout and business model.

President Park offered if Greenbay Specialty Pharmacy would table their application to change the wholesaler's name and address the concerns of the Board.

Mr. Phjabi agreed to the table application.

President Park tabled application at Mr. Phjabi's request.

18. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to authorize pharmacists and other healthcare professionals to dispense oral medications for the treatment of COVID-19 subject to certain conditions. **(FOR POSSIBLE ACTION)**

There was no emergency regulation.

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

There was no General Counsel Report.

23. Public Comment March 3 2022, 5:00 PM

There was no public comment.

22. Date and Location of Next Scheduled Board Meeting:

April 13-14, 2022 – Las Vegas, NV

24. Adjournment

DRAFT

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4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

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

Section 1: General Information

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

MDEG Physical Address: 2544 Campbell Place, ste 150

City: Carlsbad State: CA Zip: 92009

Mailing Address (if different from physical address): PO Box 9041

City: Carlsbad State: CA Zip: 92018

Telephone: 8007309887 Website: www.northcoastmed.com

Email: customercare@northcoastmed.com

Name of MDEG Administrator (NAC 639.694): Timothy B Cady

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☒ Diabetic Supplies
☐ Life-sustaining equipment**	☒ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☐ Others:

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	8:30am to 5:00pm
Tues	8:30am to 5:00pm
Wed:	8:30am to 5:00pm
Thurs:	8:30am to 5:00pm
Fri:	8:30am to 5:00pm
Sat:	8:00am to 12:00pm
Sun:	Closed
Holidays:	Closed

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare - 4585730001
Medicaid - PHA466150

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Entity is an LLC - formed in California

Parent Company (if any): ADS Buyer, Inc

Corporation/Organization Name: North Coast Medical Supply, LLC

Mailing Address: 2544 Campbell Place, ste 150

City: Carlsbad State: CA Zip: 92009

Telephone: 7605797201 Email: tcady@northcoastmed.com

Contact Person Name: Timothy B Cady

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Timothy B Cady

Print Name of Authorized Person Submitting Application

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

8/4/2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 37760

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2021

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

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

PRODUCER	CONTACT NAME:	
Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250 Fort Washington, Pa. 19034	PHONE (A/C, No, Ext): 877-738-3714	FAX (A/C, No): 847-953-2700
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Beazley / Syndicate 2623/623 at Lloyd's	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
North Coast Medical Supply, LLC.
dba Advanced Diabetes Supply
2544 Campbell Place, Suite 150
Carlsbad, CA 92009

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability Claims Made Form Retroactive Date: 07/14/2016			W1C0B4200501	07/14/2021	07/14/2022	Each Claim: Aggregate:	$1,000,000 $3,000,000

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

CERTIFICAT HOLDER

Evidence of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon / Affinity Insurance Services, Inc.

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/10/2021

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

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

PRODUCER	CONTACT NAME: Lisa Trapp	
State Farm Lisa Trapp State Farm 1458 Encinitas Blvd Encinitas, CA 92024 760-230-0231	PHONE (A/C, No, Ext): 760-230-0231	FAX (A/C, No):
	E-MAIL ADDRESS: Lisa@youragentlisa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : State Farm General Insurance Company	25151
INSURED North Coast Medical Supply LLC, ADS Buyer, Inc. ADS Interco, Inc. and US Med Buyer, Inc. 2544 Campbell Place, Ste 100,125,150 &250 Carlsbad, CA 92009	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		90-EW-V205-8	12/31/2021	12/31/2022	EACH OCCURRENCE	$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 10,000,000
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

2544 Campbell Place, Ste 150, Carlsbad, CA 92009

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Lisa Trapp

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NORTH COAST MEDICAL SUPPLY, LLC

REGISTERED IN CALIFORNIA AS: NORTH COAST MEDICAL SUPPLY, LLC

FILE NUMBER:	202103210235
REGISTRATION DATE:	01/19/2021
TYPE:	FOREIGN LIMITED LIABILITY COMPANY
JURISDICTION:	DELAWARE
STATUS:	ACTIVE (GOOD STANDING)

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

The entity is qualified to transact intrastate business in California.

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 16, 2021.

Shirley N. Weber, Ph.D.
Secretary of State

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

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

LICENSE NUMBER: 114513
EXPIRATION DATE: 8/19/2022

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

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

53

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

Cady, Timothy B.
North Coast Medical Supply LLC
2544 Campbell Place Suite# 150
Carlsbad, CA 92009

LICENSE NUMBER: 114560
FIRM LICENSE NUMBER: 114513

EXPIRATION DATE: 8/3/2022

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

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

OSP 07 102308

North Coast Medical Supply, LLC d/b/a Advanced Diabetes Supply

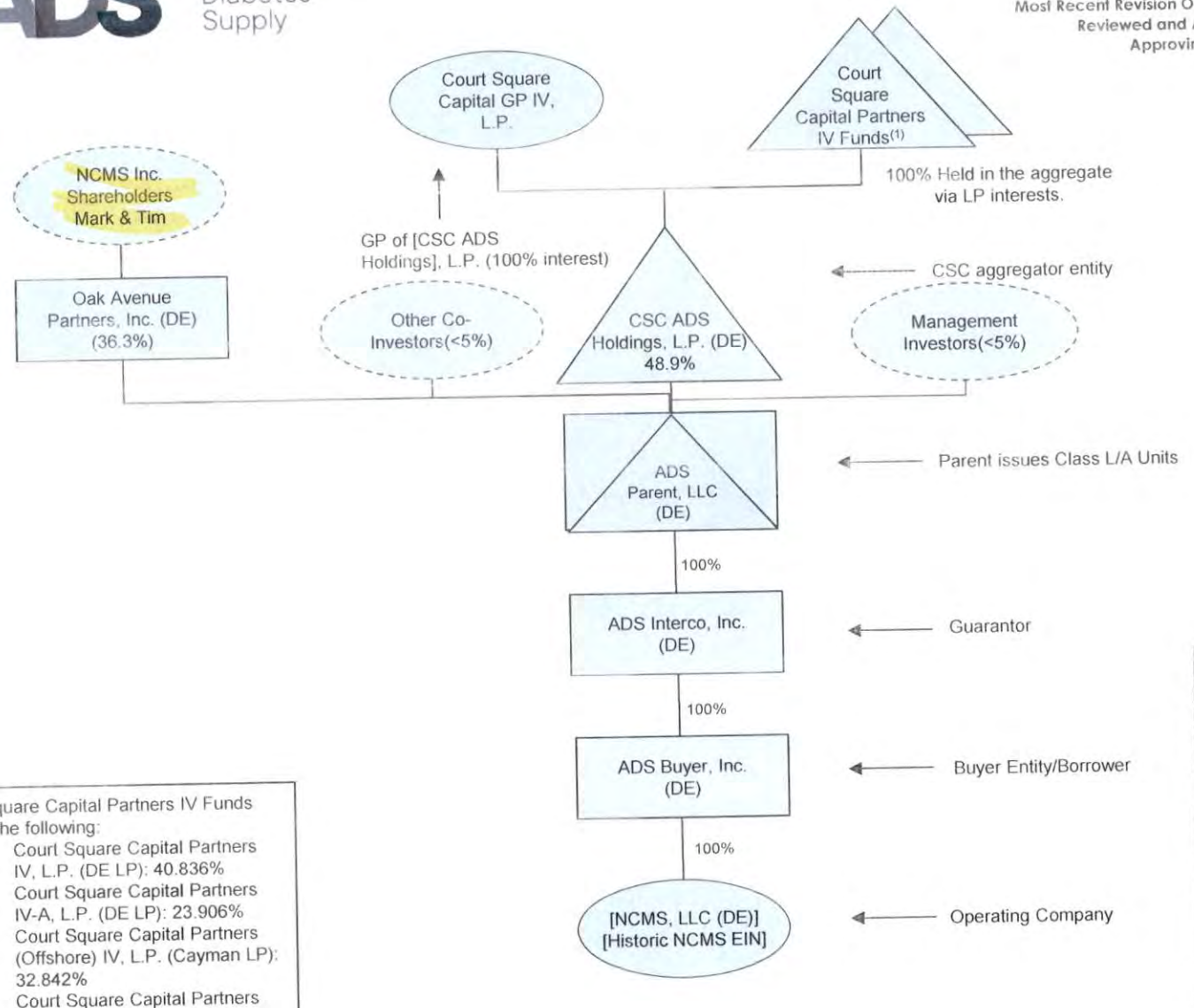
Officer and Director List

Name	Title
Mark Howard	CEO, Treasurer, Director
Timothy Cady	President, Secretary, Director
John Weber	Director
Kurt Hilzinger	Director
David Nguyen	Director
Jeff Abramoff	Director
Elaine Liu	Director

ADS Advanced Diabetes Supply

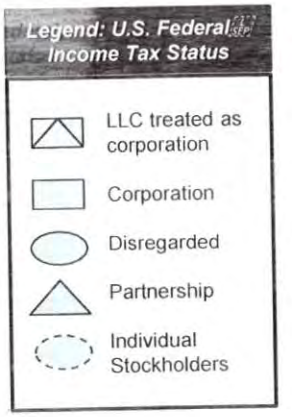
OWNERSHIP CHART

Original Effective Date: January 19th, 2021
Most Recent Revision Occurred On: January 19th, 2021
Reviewed and Approved On: August 2nd, 2021
Approving Authority: Chris Pierson, CFO



(1) Court Square Capital Partners IV Funds include the following:

- Court Square Capital Partners IV, L.P. (DE LP): 40.836%
- Court Square Capital Partners IV-A, L.P. (DE LP): 23.906%
- Court Square Capital Partners (Offshore) IV, L.P. (Cayman LP): 32.842%
- Court Square Capital Partners (Executive) IV, L.P.: 2.417%



NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler North Coast Medical Supply, LLC

Physical Address 2544 Campbell Place

City Carlsbad State CA Zip 92009

Mailing Address (if different from physical address) PO Box 9041

City Carlsbad State CA Zip 92018

Telephone 7605797200 Website www.northcoastmed.com

Licensing Company Email customercare@northcoastmed.com

Section 2: Personal Information

First Mark Middle M Last Howard

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

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

Mailing Address [redacted] Circa De Tierra

City Olivenhain State CA Zip 92024

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials _____

COPY

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

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		09/84-12/89	
Address	City	State	Zip
5500 Campanile Dr	San Diego	CA	92182
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Valhalla High School		09/80-06/1984	
Address	City	State	Zip
1725 Hillsdale Rd	El Cajon	CA	92019
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/17 - Current	[redacted] Circa De Tierra	Encinitas	CA	92024
04/07-04/17	[redacted] Brucaela Court	Encinitas	CA	92007
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MMH

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

Business Name			From - To (MM/YY – MM/YY)
North Coast Medical Supply, LLC dba Advanced Diabetes Supply			08/23/2002 to Current
Business Address	**City**	**State**	**Zip**
2544 Campbell PLace	Carlsbad	CA	92009
Phone	**Title**		
760-579-7205	CEO, Treasurer		
Description of Duties			
CEO, Treasurer			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials MMH

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MMH

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

Mark Howard
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/2/22
Date

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

State of California, ss. County of San Diego

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

Original Signature

2/2/22
Date

Subscribed and Sworn to before me this 2nd day of February.

Faafeai Seioliana Aano
Notary Public Signature

FAAFEAI SEIOLIANA AANO
Notary Public - California
San Diego County
Commission # 2356836
My Comm. Expires May 10, 2025

FAAFEAI SEIOLIANA AANO
Notary Public - California
San Diego County
Commission # 2356836
My Comm. Expires May 10, 2025
(Seal)

Applicant's initials MMH

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: North Coast Medical Supply, LLC

Physical Address: 2544 Campbell Place, ste 150

City: Carlsbad State: CA Zip: 92009

Mailing Address (if different from physical address): PO Box 9041

City: Carlsbad State: CA Zip: 92018

Telephone: 7605797200 Website: www.northcoastmed.com

Licensing Company Email: customercare@northcoastmed.com

Section 2: Personal Information

First: Timothy Middle: C Last: Cady

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

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

Mailing Address: [redacted] Avenida Pantera

City: Carlsbad State: CA Zip: 92009

Telephone: [redacted] Email: [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials: TBC

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

School Name			From - To (MM/YY – MM/YY)	
University of Alabama			07/79-05/83	
Address		City	State	Zip
University of Alabama		Tuscaloosa	AL	35487
Diploma/Degree obtained, if any				
Bachelor of Science - Business Administration				

School Name			From - To (MM/YY – MM/YY)	
Glenbrook North High School			09/75-06/79	
Address		City	State	Zip
2300 Shermer Road		Northbrook	IL	60062
Diploma/Degree obtained, if any				
High School Diploma				

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/02-Current	[redacted] Avenida Pantera	Carlsbad	CA	92009
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
North Coast Medical Supply, LLC dba Advanced Diabetes Supply			08/23/2002 to Current	
Business Address	**City**		**State**	**Zip**
2544 Campbell Place, ste 150	Carlsbad		CA	92009
Phone	**Title**			
760-579-7201	President, Secretary			
Description of Duties				
Overseeing Administration				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

Applicant's initials _____

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

Timothy Cady

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/4/2021

Date

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

State of California, ss. County of San Diego

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

Original Signature

8/4/2021

Date

Subscribed and Sworn to before me this 4th day of August 2021

Notary Public Signature

FAAFEAI SEIOLIANA AANO
Notary Public - California
San Diego County
Commission # 2356836
My Comm. Expires May 10, 2025

(Seal)

Applicant's initials TBC

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG North Coast Medical Supply MDEG License # (if applicable) _____

Physical Address 2544 Campbell Place, ste 150

City Carlsbad State CA Zip 92009

Mailing Address (if different from physical address) PO Box 9041

City Carlsbad State CA Zip 92018

Telephone 7605797200 Website www.northcoastmed.com

Licensing Company Email customercare@northcoastmed.com

Section 2: Personal Information

First Timothy Middle B Last Cady

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

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

Mailing Address [redacted] Avenida Pantera

City Carlsbad State CA Zip 92009

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Alabama		08/79-05/83	
Address	**City**	**State**	**Zip**
University of Alabama	Tuscaloosa	AL	35487
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Glenbrook North High School		09/75-06/79	
Address	**City**	**State**	**Zip**
2300 Shermer Road	Northbrook	IL	60062
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/02-Current	[redacted] Avenida Pantera	Carlsbad	CA	92009
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Advanced Diabetes Supply			08/02-Current	
Business Address		City	State	Zip
2544 Campbell Place, ste 150		Carlsbad	CA	92009
Phone	Title		Number of Employed Hours	
760-579-7201	President, Secretary		39520	
Description of Duties				
President, Secretary - overseeing business administration				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/4/2021
Date

I, Timothy B Cady, **certify that as the MDEG Administrator for**

North Coast Medical Supply, LLC dba Advanced Diabetes Supply,

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

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

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

Timothy Cady
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/4/2021
Date

Board Use Only	Date Received:

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number: M P03038	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: AMSR LLC

MDEG Physical Address: 15055 Hinsdale Dr.

City: Centennial State: CO Zip: 80112

Mailing Address (if different from physical address): c/o CAIRE Inc., 2200 Airport Industrial Dr #500

City: Ball Ground State: GA Zip: 30107

Telephone: 303-483-7156 Website: www.oxygenconcentratorstore.com

Email: payables@amsrco.com

Name of MDEG Administrator (NAC 639.694): Cindy George

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☒ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☐ Others:

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: Cindy George Telephone: 303-483-7139 / Service 877-303-9289

Days and Hours of Operation

Mon:	8-5
Tues	8-5
Wed:	8-5
Thurs:	8-5
Fri:	8-5
Sat:	8-5
Sun:	8-5
Holidays:	

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Colorado limited liability company

Parent Company (if any): CAIRE Inc.

Corporation/Organization Name: AMSR LLC

Mailing Address: c/o CAIRE Inc., 2200 Airport Industrial Dr. #500

City: Ball Ground State: GA Zip: 30107

Telephone: 770-721-7700 Email: erin.tankersley@caireinc.com

Contact Person Name: Erin Tankersley

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: CAIRE Inc.

Business Name: _____

Business Address: 2200 Airport Industrial Dr. #500

City: Ball Ground State: GA Zip: 30107

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Nicholas Estes, CFO - CAIRE Inc., Owner

Print Name of Authorized Person Submitting Application

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

11/18/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 2281

CAIRE Inc.
2200 Airport Industrial Dr., Ste. 500 | Ball Ground, GA 30107 | USA
Ph 770-721-7700 | www.caireinc.com

11 November 2021

Re: ***Ownership Change*** - AMSR LLC
FEIN: 27-1458664
ACHC Org #: 127912

To Whom It May Concern:

CAIRE Inc., a Delaware corporation, with its headquarters in Ball Ground Georgia, USA and subsidiary of NGK Spark Plug Co., Ltd., a Japanese corporation ("CAIRE"), recently acquired all the membership interests of AMSR LLC. The date of the purchase was September 1, 2021 but was not made public until this week.

Enclosed herewith you will find pre- and post-closing organizational charts. The following officers are now the leaders/officers of AMSR:

Earl Lawson, CEO & President – CAIRE Inc.
Earl.lawson@caireinc.com
770-721-7700

Nicholas Estes, CFO & Vice-President – CAIRE Inc.
Nick.estes@caireinc.com
770-721-7700

Cindy George, President – AMSR LLC
cgeorge@amsrco.com
303-483-7139

Jennifer Kercher, CEO – AMSR LLC
jkercher@amsrco.com
303-483-7138

The policies and procedures of AMSR have not and will not change. In addition, the FEIN for AMSR will not change from the FEIN reflected above.

Should you have any questions or need additional information, please do not hesitate to contact us.

Sincerely,

CAIRE Inc.

Earl Lawson, CEO

AMSR Organization Chart
Updated: 8/31/2021

Total Headcount 39 FT

Jenny Hopkins CEO

Cindy George - President

CG Add'l Staff
Nick Vannatta - Sales Lead
Scott Ridl - Web Manager
Corey Dyben-Marketing

Stefani C - Sales Sup
Bret Bennett
Matthew Schock
Katie Yeadon
Kaleb Fantauzzi
Jack Vibbert
Mars Batton

Courtney F - Sales Sup
Paresh (PJ) Vaidya
Luke Corrick
Rex Albert
Aziz Kamal
Samantha Welter
George Holte
Will LeBouf

Aaron S - Sales Sup
Sean Lowe
Deborah Montelli
Jake Kinlaw
Colton Smith
Christa Bacon
James Gonzales
Michael Dickson

Jenifer Kercher - CFO

Mo Makhlouf-IT

Jay Brownson- WH MGR
Bryn McGary
Danny Rodriguez
Quoc Nguyen-Repair

Larry Manring-CSD MGR
Linda Ganje
Tammy Moore
Kristina Maynard - Buyback
Joshua D'Estrada

AMSR Organization Chart
Updated: 9/1/2021

Total Headcount 39 FT

AMSR LLC, Owned by CAIRE INC

Cindy George - President

CG Add'l Staff
- Nick Vannatta - Sales Lead
- Scott Ridl - Web Manager
- Corey Dyben-Marketing

Stefani C - Sales Sup
- Bret Bennett
- Matthew Schock
- Katie Yeadon
- Kaleb Fantauzzi
- Jack Vibbert
- Mars Batton

Courtney F - Sales Sup
- Paresh (PJ) Vaidya
- Luke Corrick
- Rex Albert
- Aziz Kamal
- Samantha Welter
- George Holte
- Will LeBouf

Aaron S - Sales Sup
- Sean Lowe
- Deborah Montelli
- Jake Kinlaw
- Colton Smith
- Christa Bacon
- James Gonzales
- Michael Dickson

Jenifer Kercher - CFO
- Mo Makhlouf-IT

Jay Brownson- WH MGR
- Bryn McGary
- Danny Rodriguez
- Quoc Nguyen-Repair

Larry Manring-CSD MGR
- Linda Ganje
- Tammy Moore
- Kristina Maynard - Buyback
- Joshua D'Estrada

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

AMSR, LLC

is a

Limited Liability Company

formed or registered on 11/11/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091595265 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/16/2021 that have been posted, and by documents delivered to this office electronically through 11/18/2021 @ 08:38:15 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/18/2021 @ 08:38:15 in accordance with applicable law. This certificate is assigned Confirmation Number 13592486 .

Jena Griswold

Secretary of State of the State of Colorado

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

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

CERTIFICATE *of* ACCREDITATION

AMSR, LLC

CENTENNIAL, COLORADO

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

Organization #127912

FROM *September 12, 2021* THROUGH *September 11, 2024*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

Email from DME Specialist:

Kathleen Wallace

RE: DME license question

To: Cc:

Dear Mr Jain,

Thank you for the clarification.

Based on what you have told me, I do not think you fall under the jurisdiction of the Colorado DME statute and therefor do not require a license through the Secretary of State.

You may want to check with other local regulating agencies to determine if they might require a license. For example, you may choose to contact the Colorado Department of Regulatory Agencies (DORA) or the Colorado Department of Health Care Policy and Financing (HCPF). I have included contact information for both, below.

DORA

HCPF

You may also want to consider any Federal Laws or requirements under which your practice may be subject.

Please feel free to contact us with any additional questions or concerns.

Yours Truly,

Kathleen Wallace

Kathleen Wallace | Legal Analyst/DME Specialist
Colorado Secretary of State's Office
1700 Broadway, Ste. 200, Denver, CO 80290
Office: 303.860.6971
Email:

Therefore, the state of Colorado doesn't have any licensing requirement for us.

Yours truly,

Jennifer Hopkins
CEO
AMSR, LLC

Colorado
Secretary of State
Jena Griswold

Menu

C.R.S. Title 24 Government - State

Article 21 Secretary of state - Department of State

This is not an official copy of the statutes. Please visit LexisNexis Legal Resources for the most current version.

Part 1 General provisions

24-21-114. Secretary of state collection of business information

Beginning thirty days after January 1, 2014, the secretary of state shall request that each individual who files documents with the secretary of state pursuant to part 3 of article 90 of title 7, C.R.S., submit information to the secretary of state upon initial registration of a business and when updating a business registration. The secretary of state shall request that each reporting entity, as that term is defined in section 7-90-102 (58), C.R.S., to which the filing relates, submit the following information about the reporting entity: Gender; race, including whether the person is Latino, African American, Asian, Anglo, Native American, or other; veteran status; whether the reporting entity is a person with a disability; and the national American industry classification system code or its successor code of the reporting entity's business, if applicable. The individual is not required to submit the information. The secretary of state shall make the information available to the public on the secretary of state's website in a searchable manner by the information submitted.

24-21-115. Durable medical equipment supplier license - definition - rules

(1) As used in this section:

(a) "Durable medical equipment supplier" means a person or entity that:

(I) Currently bills or plans to bill the medicare program for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics, orthotics, and supplies competitive bid product categories in this state in the current calendar year; or

(II) Intends to bid for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics,

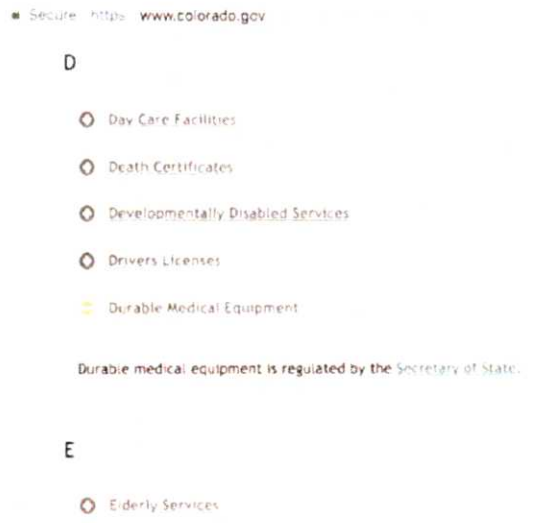
^ Top

AMSR, LLC
7032 South Revere Parkway,
Suite 320
Centennial, CO 80112

HOME STATE LICENSURE INFORMATION

Department of Regulatory Agencies:

In the state of Colorado, *Durable Medical Equipment* is regulated by the *Secretary of State*. Please check the screenshot below from the following webpage of Colorado's Department of Regulatory Agencies:



Link: https://www.colorado.gov/pacific/dora/node/100206

Secretary of State:

Per DME Statue, 24-21-115 a DME Supplier is defined as the following:

24-21-115. Durable medical equipment supplier license - definition - rules

(1) As used in this section:

(a) "Durable medical equipment supplier" means a person or entity that:

(I) Currently bills or plans to bill the medicare program for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics, orthotics, and supplies competitive bid product categories in this state in the current calendar year; or

(II) Intends to bid for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics, orthotics, and supplies competitive bid product categories in this state in the current calendar year.

https://www.sos.state.co.us/pubs/info_center/laws/Title24/Title24Article21Part1.html

Darlene Nases

From: Michelle Hattasch <mhattasch@amsrco.com>
Sent: Wednesday, May 12, 2021 8:27 AM
To: Darlene Nases
Cc: Jennifer Hopkins
Subject: RE: MDEG License Application - ASMR LLC - Need more information
Attachments: Home State Licensure Information - AMSR, LLC.pdf

Hello Darlene,

Our home state of Colorado does not require a license for our business as we do not bill Medicare or Medicaid. Attached is some additional information including the applicable statute and correspondence with the Secretary of State's office.

Please let us know if you have any further questions. Thank you!

Michelle Hattasch | mhattasch@amsrco.com
Accountant | American Medical Sales & Rentals

Office Phone: 303-483-7149

15055 E. Hinsdale Drive
Centennial, CO 80112

OXYGENConcentratorStore
FROM AMERICAN MEDICAL SALES & RENTALS

From: Darlene Nases <dnases@pharmacy.nv.gov>
Date: Tuesday, May 11, 2021 at 4:42 PM
To: Jennifer Hopkins <jhopkins@amsrco.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Subject: MDEG License Application - ASMR LLC - Need more information

Hello Jennifer,

We were reviewing your MDEG application that you submitted for ASMR LLC.
I wanted to know if you had a copy of your Home State License that we can attach to your application. Please let us know.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440

CUSTOMER NUMBER: 0007788801

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/04/2022

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

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

PRODUCER
PHARMACISTS MUTUAL INSURANCE COMPANY
808 HIGHWAY 18 W
PO BOX 370
ALGONA IA 50511-0370

CONTACT NAME:
PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
AMSR LLC
15055 E HINSDALE DR
CENTENNIAL CO 80112-4257

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	N	BOP 0108877 13	12/16/2021	12/16/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			Includes-			DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
				Hired Auto Liability			MED EXP (Any one person)	$ 5,000
				Non-Owned Auto Liability			PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:			Health Care Professional Liability			GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER						WATER LEGAL LIABILITY	$ 50,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

See Remarks for Additional Named Insureds

Loc. 001 OXYGEN CONCENTRATOR STORE
Bldg. 001 15055 E HINSDALE DR
CENTENNIAL, CO 80112-4257

CERTIFICATE HOLDER

CERT HOLDER/ADDITIONAL INSR'D

CAIRE INC
2200 AIRPORT INDUSTRIAL DR STE 500
BALL GROUND GA 30107-4686

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

GAIL T. WOLFE, CISR, API

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CUSTOMER NUMBER: 0007788801
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
		AMSR LLC 15055 E HINSDALE DR CENTENNIAL CO 80112-4257
POLICY NUMBER BOP 0108877 13		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 12/16/21

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

ADDITIONAL NAMED INSURED:

OXYGEN BUTLER LLC

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

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

Physical Address 15055 E Hinsdale Drive

City Centennial State CO Zip 80112

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877.303.9289 Website oxygenconcentratorstore.com

Licensing Company Email payables@amsrco.com

Section 2: Personal Information

First Cynthia Middle _____ Last George

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

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

Mailing Address [redacted] S Eaton Street

City Lakewood State CO Zip 80226

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Wichita State University		09/95-05/00	
Address	**City**	**State**	**Zip**
1845 Fairmount Street	Wichita	KS	67260
Diploma/Degree obtained, if any			
BA / English Lit			
School Name		**From - To (MM/YY – MM/YY)**	
Kapaun Mt. Carmel		09/91-09/95	
Address	**City**	**State**	**Zip**
8506 E Central Ave	Wichita	KS	67206
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/04-current	[redacted] E 3rd Ave	Denver	CO	80203
03/16 - current	[redacted] S Eaton Street	Lakewood	CO	80226

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

Business Name			From - To (MM/YY – MM/YY)	
AMSR, LLC			10/13 - current	
Business Address		**City**	**State**	**Zip**
15055 E Hinsdale Dr		Centennial	CO	80112
Phone	**Title**		**Number of Employed Hours**	
303.483.7139	President		72,000	
Description of Duties				
Oversee all sales and operations of direct to consumer cash purchases of oxygen and sleep therapy equipment.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/21/2022
Date

I, Cindy George, **certify that as the MDEG Administrator for**

AMSR, LLC,

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

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

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

Cindy George

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/21/2022

Date

Board Use Only	Date Received:

Olivia Mora

From: Tyler Brus <tbrus@amsrco.com>
Sent: Wednesday, January 19, 2022 3:09 PM
To: Olivia Mora
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

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

https://www.oxygenconcentratorstore.com/

The above is a link to our website as well for your reference.

Thank you for your assistance!

Tyler Brus| tbrus@amsrco.com
Accountant | American Medical Sales & Rentals
Office Phone: 303-483-7149

15055 E. Hinsdale Drive
Centennial, CO 80112

OXYGENConcentratorStore
FROM AMERICAN MEDICAL SALES & RENTALS

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, January 19, 2022 4:06 PM
To: Tyler Brus <tbrus@amsrco.com>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

Thank you.

Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov

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

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

From: Tyler Brus <tbrus@amsrco.com>
Sent: Wednesday, January 19, 2022 3:00 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

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

Our contact will be Cindy George with a direct line of 303.483.7139 and our service phone number is 877.303.9289.

Tyler Brus| tbrus@amsrco.com
Accountant | American Medical Sales & Rentals
Office Phone: 303-483-7149

15055 E. Hinsdale Drive
Centennial, CO 80112

OXYGENConcentratorStore
FROM AMERICAN MEDICAL SALES & RENTALS

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, January 19, 2022 3:55 PM
To: Tyler Brus <tbrus@amsrco.com>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

Great!

Can you provide the contact and phone number and I will add it to the application. And the MDEG Administrator Application you can email to me, but please mail the original application as well.

Regards,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov

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From: Tyler Brus <tbrus@amsrco.com>
Sent: Wednesday, January 19, 2022 2:12 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

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

Hi Olivia,

All of our machines have the name, phone number and website where we can be contacted in case of emergency for repairs and servicing. Our user friendly website has the physical address of our storefront as well as contact information. All customers needing service on a machine for any reason are directed to us and we facilitate the maintenance and repairs. We also have a welcome call where one of our customer service personnel go over the machine with the end user and answer any and all questions that may arise. We encourage patients to reach out at any time with questions.

Our administrator application is in the process of being filled out to be returned with the assumption that we meet the requirements provided in NAC 639.6954.

If this is not correct, please provide me with the documentation that formally requires a person of contact in the state of NV.

Thanks,

Tyler Brus| tbrus@amsrco.com
Accountant | American Medical Sales & Rentals
Office Phone: 303-483-7149

15055 E. Hinsdale Drive
Centennial, CO 80112

OXYGENConcentratorStore
FROM AMERICAN MEDICAL SALES & RENTALS

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, January 19, 2022 11:23 AM
To: Tyler Brus <tbrus@amsrco.com>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

Hi Tyler,

Please see below.

NAC 639.6954 Medical gases and associated equipment or respiratory equipment. (NRS 639.070)

4. When a medical products provider provides oxygen, the medical products provider must also provide an emergency supply of oxygen, supplies and equipment to maintain therapy while the primary supply of oxygen and related equipment is inoperable or unusable.

5. In addition to any communication and advisement required pursuant to NAC 639.693 to 639.6958, inclusive, a medical products provider who provides medical gas and related equipment, or respiratory equipment, must advise the consumer receiving the medical gas and related equipment, or respiratory equipment, regarding:

(a) Cleaning of the equipment;

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment;

(c) Maintenance procedures for the equipment;

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment.

6. For the purposes of this section, "material safety data sheet" has the meaning ascribed to it in 29 C.F.R. § 1910.1200.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-07, 8-26-2008)

Regards,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov

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From: Tyler Brus <tbrus@amsrco.com>
Sent: Wednesday, January 19, 2022 8:59 AM
To: Olivia Mora <o.mora@pharmacy.nv.gov>; Payables <payables@amsrco.com>
Subject: RE: MDEG Application - AMSR LLC - Centennial, CO - Need more information

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

Good morning Olivia,

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

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

Section 1: General Information

Facility Name: RehabPulse Inc

MDEG Physical Address: 8001 Terrace Ave, Ste 204

City: Middleton State: WI Zip: 53562

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-234-2018 Website: rehabpulse.com

Email: info@rehabpulse.com

Name of MDEG Administrator (NAC 639.694): Kalen McKenzie

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☒ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: scooters, wheelchairs, walkers, canes

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	9:00 AM - 5:00 PM
Tues	9:00 AM - 5:00 PM
Wed:	9:00 AM - 5:00 PM
Thurs:	9:00 AM - 5:00 PM
Fri:	9:00 AM - 5:00 PM
Sat:	
Sun:	
Holidays:	

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN: 7940770001, Wisconsin Medicaid: 100188268

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

Name: Juliet Breeze	Credentials: MD	%: 5
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: RehabPulse Inc

Mailing Address: 8001 Terrace Ave, Ste 204

City: Middleton State: WI Zip: 53562

Telephone: (877) 234-2018 Email: info@rehabpulse.com

Contact Person Name: Matt Doeppers

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Gaurav Mishra

Print Name of Authorized Person Submitting Application

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

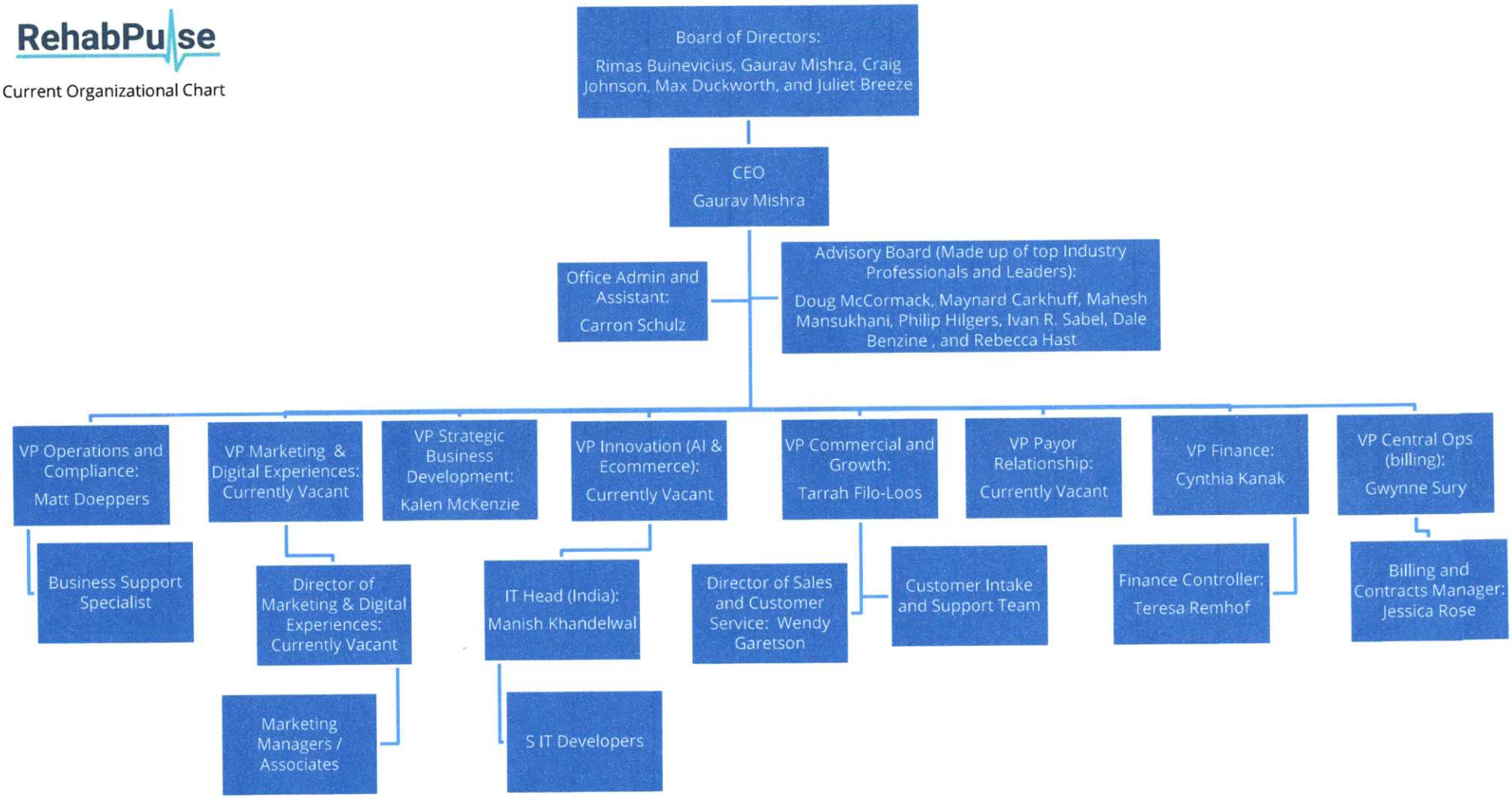
12/28/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1006

RehabPulse

Current Organizational Chart



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/4/2022

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

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

PRODUCER	CONTACT NAME: Chelsea Hilgert
M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713	PHONE (A/C, No, Ext): 800-272-2443 FAX (A/C, No): 608-273-1725 E-MAIL ADDRESS: chelsea.hilgert@m3ins.com PRODUCER CUSTOMER ID #: ROWHINC-01

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
RehabPulse, Inc. 8001 Terrace Avenue Suite 204 Middleton WI 53562	INSURER A: Transportation Insurance Co.	20494
	INSURER B: StarStone Specialty Insurance	44776
	INSURER C: Crum & Forster Specialty Insur	44520
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 789188943 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		5085638565	1/1/2022	1/1/2023	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
C	[X] UMBRELLA LIAB [X] OCCUR			SEO-116854	1/1/2022	1/1/2023	EACH OCCURRENCE	$1,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$1,000,000
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Products Liability			PRL00002011P-00	1/1/2022	1/1/2023	Occurrence Aggregate	$1,000,000 $2,000,000

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

CERTIFICATE HOLDER

Home Medical Equipment & Services Provider

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Chelsea J. Hilgert

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State Of Delaware

Entity Details

2/17/2022 11:52:22AM

File Number: 5915676
Incorporation Date / Formation Date: 5/12/2021
Entity Name: REHABPULSE, INC.
Entity Kind: Corporation
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status Date: 5/12/2021

Registered Agent Information

Name: UNITED STATES CORPORATION AGENTS, INC.
Address: 221 N BROAD ST, SUITE 3A
City: MIDDLETOWN
Country:
State: DE
Postal Code: 19709
Phone: 302-777-0538

Tax Information

Last AnnualReport Filed: 0
Tax Due: $ 0
Annual Tax Assessment: $175
Total Authorized Shares: 1000

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Formation	3	5/12/2021	1:00 PM	5/12/2021
2	Conversion	1	5/12/2021	1:00 PM	5/12/2021

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

REHABPULSE, INC.

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is May 17, 2021.

I further certify that said organization has not yet completed its initial report year and, accordingly, has not filed an annual report under ss. 180.1622, 181.1622 or 183.0120, Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011, Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats., to revoke its certificate of authority or registration.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 17, 2022.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **320665-FD3318F7**

For Office

State of Wisconsin

Department of Financial Institutions

Endorsement

FOREIGN BUSINESS CORPORATION - CERTIFICATE OF AUTHORITY APPLICATION - CHAP 180

REHABPULSE, INC.

Received Date: 5/17/2021 **Filed Date: 5/18/2021**

Filing Fee: $100.00

Expedited Fee: $25.00 Entity ID#: R079183

Total Fee: $125.00

CAP REP 60M

OOS# 310502

United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS



CERTIFICATE OF AUTHORITY or REGISTRATION

Issued to

REHABPULSE, INC.

an organization formed under the laws of

DELAWARE

authorizing the organization to transact business in this state effective May 17, 2021 as a Foreign corporation, under sec. 180.1503, 180.1504, 181.1503 or 181.1504, Wis. Stats..



Date of Issue: May 18, 2021.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/CORP/22(10/2015)

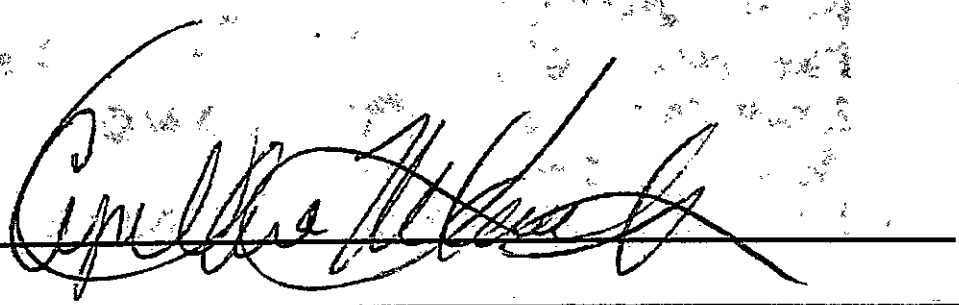
Office use only

State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1030791143-02

Legal/Real Name: REHABPULSE INC

Signature 

BOND NUMBER: 802027

Surety Bond
Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Medicare Program

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, Rehabpulse Inc., as Principal, and Hudson Insurance Company, a corporation organized and existing under the laws of Delaware, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services, as Obligee, in the Penal Sum of Fifty Thousand Dollars ($50,000.00) for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.

2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.

3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.

4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.

6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.

7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 7th day of April, 2021.

Principal

Principal Legal Name: Rehabpulse Inc.
Address of DMEPOS Supplier: 8001 Terrace Ave Ste 204 Middleton, WI 5356
Principal Tax ID No. (TIN): 46-0658104
NPI (National Provider I.D.): 1194316166
NSC/PTAN No. (if the supplier has one): _____

Surety

Agency Tax ID Number: 47-3362552

Hudson Insurance Company CORPORATE SEAL 1918 DELAWARE B503

SECTION 12: SURETY BOND INFORMATION (Continued)

This section is to be completed by all DMEPOS suppliers required by regulation (see 424.57 (c)(26) and 42 C.F.R. § 424.57 (d)) to obtain a surety bond in order to enroll and maintain Medicare billing privileges. Furnish all requested information about the supplier's insurance agent, surety company, and the surety bond.

A. Check here ☐ if this supplier is not required to obtain a surety bond for Medicare enrollment and skip to Section 13. See instructions for surety bond requirements.

B. Name and Address of Surety Bond Company ☐ **Change** **Effective Date:** 04/07/2021

Legal Business Name of Surety Bond Company as Reported to the IRS	Tax Identification Number
Hudson Insurance Company	13-5150451

Business Address Line 1 (Street Name and Number)
1035 GREENWOOD BLVD STE 265

Business Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4
LAKE MARY	Florida	32746

Telephone Number (Ext.)	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
800-837-3707		

C. Name and Address of Insurance Agency/Broker ☐ **Change** **Effective Date:** 04/07/2021

Legal Business Name of Agency/Broker as Reported to the IRS	Tax Identification Number
Surety Bonds Direct, LLC	47-3362552

Name of Individual Agent
Eric Fauerbach

Business Address Line 1 (Street Name and Number)
997 Morrison Dr. STE 200

Business Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4
Charleston	South Carolina	29403

Telephone Number (Ext.)	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
1-800-608-9950	-	

D. Surety Bond Information ☐ **Change** **Effective Date:** 04/07/2021

Amount of Surety Bond	Surety Bond Number
$ 50000	802027
Effective Date of Surety Bond *(mm/dd/yyyy)* 04/07/2021	If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)*

HUDSON INSURANCE GROUP®

bond number: **802027**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Eric Fauerbach

of the State of **SC**

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

Fifty Thousand And 00/100 Dollars ($50,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 6th day of February, 20 20 at New York, New York.

SEAL (Corporate seal) 1918

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 6th day of February, 20 20 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

CAMERON GOURLAY NOTARY PUBLIC STATE OF NEW YORK

.....
CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

In witness the hand of the undersigned and the seal of said Corporation this 7th day of April, 20 21.

SEAL (Corporate seal) 1918

By.....
Dina Daskalakis, Corporate Secretary

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RehabPulse Inc MDEG License # (if applicable) _____

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.rehabpulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Kalen Middle _____ Last McKenzie

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

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

Mailing Address [redacted] Foxglove Rd

City Farmington State UT Zip 84025

Telephone [redacted] Email [redacted]@rehabpulse.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Mididoka High School		09/85 - 05/88	
Address	**City**	**State**	**Zip**
292 W 100 S	Rupert	ID	83350
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
LDS Business College/Ensign College		09/91 - 05/93	
Address	**City**	**State**	**Zip**
95 N 300 W	Salt Lake City	UT	84101
Diploma/Degree obtained, if any			
n/a			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - Present	[redacted] Foxglove Rd	Farminton	UT	84025
04/13 - 06/20	[redacted] Castlereagh Ln	Strongsville	OH	44136
09/03 - 03/13	[redacted] Whitesands Ln	Syracuse	UT	84040
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
RehabPulse Inc			11/21 - current	
Business Address		**City**	**State**	**Zip**
8001 Terrace Ave, Ste 204		Middleton	WI	53562-3138
Phone	**Title**		**Number of Employed Hours**	
(877) 234-2018	VP Strategic Business Developement		14	
Description of Duties				
Home assessments, ATP mobility evaluations				

Business Name			From - To (MM/YY – MM/YY)	
Tula Health			08/19 - 10/21	
Business Address		**City**	**State**	**Zip**
686 N Arbinger Way, Ste 300		Farmington	UT	84025
Phone	**Title**		**Number of Employed Hours**	
(855) 352-7884	Customer Operations & Success Supervisor		312	
Description of Duties				
Work directly with clients to help manage their disabilities & find solutions for their durable medical equipment needs.				

Business Name			From - To (MM/YY – MM/YY)	
Live at Home Safely			06/17 - 07/19	
Business Address		**City**	**State**	**Zip**
812 Foxglove Rd		Farmington	UT	84025
Phone	**Title**		**Number of Employed Hours**	
(440) 732-5083	Owner		612	
Description of Duties				
Home Assessments, Independent Living coordinator				

Business Name			From - To (MM/YY – MM/YY)	
National Seating & Mobility			06/17 - 06/19	
Business Address		**City**	**State**	**Zip**
1610 Elm Hill Pike, Ste A		Nashville	TN	37210
Phone	**Title**		**Number of Employed Hours**	
(615) 880-1819	Vice President of Home Access Division		401	
Description of Duties				
Worked directly with clients to find solutions for durable medical equipment and rehabilitation needs.				

Business Name			From - To (MM/YY – MM/YY)	
Dornier Medtech			11/16 - 06/17	
Business Address		**City**	**State**	**Zip**
1155 Roberts Blvd, Ste 100		Kennesaw	GA	30144
Phone	**Title**		**Number of Employed Hours**	
(800) 367-6437	Regional Account Manager		380	
Description of Duties				
Worked directly with clients to find solutions for durable medical equipment and rehabilitation needs.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Invacare			02/01 - 10-16	
Business Address		City	State	Zip
One Invacare Way		Elyria	OH	44036
Phone	Title		Number of Employed Hours	
(800) 333-6900	Regional Manager		2700	
Description of Duties				
Worked directly with clients to find solutions for their respiratory durable medical equipment and rehabilitation needs.				

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/11/2021
Date

I, Kalen McKensie, **certify that as the MDEG Administrator for**

RehabPulse Inc,

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

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

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

Kalen McKenzie
Print Name (First, Last)

Kale McKenzie
Original Signature (electronic, copies or stamps not accepted)

01/11/2021
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Rimantas Middle Peter Last Buinevicius

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

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

Mailing Address [redacted] Viburnum Dr.

City Madison State WI Zip 53705-1443

Telephone [redacted] Email _____

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials RPB

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

School Name		From - To (MM/YY – MM/YY)	
University of Chicago		08/93-05/95	
Address	City	State	Zip
	Chicago	IL	
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin- Madison		08/85-07/87	
Address	City	State	Zip
	Madison	WI	
Diploma/Degree obtained, if any			
MSEE			

School Name		From - To (MM/YY – MM/YY)	
Illinois Institute of Technology		08/81-05/85	
Address	City	State	Zip
	Chicago	IL	
Diploma/Degree obtained, if any			
BSEE			

School Name		From - To (MM/YY – MM/YY)	
Carl Sandburg High School		09/77-05/81	
Address	City	State	Zip
	Orland Park	IL	
Diploma/Degree obtained, if any			
High School Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/98-current	[redacted] Viburnum Drive	Madison	WI	53705
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RPB

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

Business Name			From - To (MM/YY – MM/YY)	
RehabPulse, Inc. (formerly Rowheels, Inc.)			08/12-present	
Business Address		**City**	**State**	**Zip**
8001 Terrace Avenue Suite 204		Middleton	WI	53562
Phone	**Title**			
877-234-2018	Shareholder, former Chairman and CEO			
Description of Duties				
Founder, CEO, Chairman of startup company formed in 2012. Currently a shareholder and no longer part of management or the Board				

Business Name			From - To (MM/YY – MM/YY)	
M Barc Investment Group, Inc.			11/15-present	
Business Address		**City**	**State**	**Zip**
3402 Viburnum Drive		Madison	WI	53705
Phone	**Title**			
608-213-1207	President			
Description of Duties				
Sole proprietor investment consulting firm				

Business Name			From - To (MM/YY – MM/YY)	
Madcelerator, LLC			08/11-present	
Business Address		**City**	**State**	**Zip**
3402 Viburnum Drive		Madison	WI	53705
Phone	**Title**			
608-213-1207	Managing Partner			
Description of Duties				
Business consulting				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/27/21
Date

Applicant's initials RPB

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

Rimantas Buinevicius

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/21

Date

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

State of Wisconsin, ss. County of Dane

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

Original Signature

9/27/21

Date

Subscribed and Sworn to before me this 27th day of September 2021

Notary Public Signature

JENNIFER GUSTAFSON NOTARY PUBLIC STATE OF WISCONSIN

(Seal)

Applicant's initials RPB

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Allan Middle James Last Bly

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

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

Mailing Address [redacted] Bushaway Rd

City Wayzata State MN Zip 55391-1910

Telephone [redacted] Email _____

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initial [signature] 1

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

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin Madison		1980-1985	
Address	City	State	Zip
	Madison	WI	
Diploma/Degree obtained, if any			
BS Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Premontre High School			
Address	City	State	Zip
	Green Bay	WI	54304
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018-present	[redacted] Bushaway Rd	Wayzata	MN	55391
1994-2018	[redacted] Bartlett Blvd	Mound	MN	55364

Applicant's initials A.J.B 2

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

Business Name			From - To (MM/YY – MM/YY)	
Apollo Water Services			2019-present	
Business Address		**City**	**State**	**Zip**
7600 Quattro Dr		Chanhassen	MN	55317
Phone	**Title**			
952-227-6600	CEO			
Description of Duties				
Oversee Company Operations				

Business Name			From - To (MM/YY – MM/YY)	
Apollo Technology Group			2019-present	
Business Address		**City**	**State**	**Zip**
7600 Quattro Dr		Chanhassen	MN	55317
Phone	**Title**			
952-227-6600	CEO			
Description of Duties				
Oversee Company Operations				

Business Name			From - To (MM/YY – MM/YY)	
SAB Capital Partners			2017-present	
Business Address		**City**	**State**	**Zip**
433 Bushaway Rd		Wayzata	MN	55391
Phone	**Title**			
612-804-4575	CEO			
Description of Duties				
Investment				

Business Name			From - To (MM/YY – MM/YY)	
Western Water Technology			2019-present	
Business Address		**City**	**State**	**Zip**
7615 N 75th Ave Ste 102		Glendale	AZ	85303
Phone	**Title**			
(623) 435-9720	CEO			
Description of Duties				
Oversee Company Operations				

Business Name			From - To (MM/YY – MM/YY)	
US Water Services			1997-2017	
Business Address		**City**	**State**	**Zip**
12270 43rd St NE		St. Michael	MN	55376
Phone	**Title**			
	CEO			
Description of Duties				
Oversee Company Operations				

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials AJB

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

Applicant's initials AJB

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11-25-2021

Date

Applicant's initials AJB

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

Allan Bly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-25-2021

Date

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

State of Minnesota, ss. County of Hennepin

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

Original Signature

11-25-2021

Date

Subscribed and Sworn to before me this 25th day of November, 2021.

Notary Public Signature

Austin James Bly
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2025

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Juliet Middle Stacy Last Breeze

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

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

Mailing Address [redacted] Thompsons Oil Field Road

City Thompsons State TX Zip 77481

Telephone [redacted] Email [redacted]@nlucc.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials JSB

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

School Name		From - To (MM/YY – MM/YY)	
Baylor College of Medicine		07/91-06/95	
Address	City	State	Zip
1 Baylor Plaza	Houston	TX	77030
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		09/87-06/91	
Address	City	State	Zip
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Penfield High School		09/83-06/87	
Address	City	State	Zip
25 High School Drive	Penfield	NY	14526
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15- 09/21	[redacted] Thompsons Oilfield Road	Thompsons	TX	77481
07/98-12/14	[redacted] Tiburon Trail	Sugar Land	TX	77479
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JSB

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

Business Name			From - To (MM/YY – MM/YY)	
Next Level Urgent Care			01/13-current	
Business Address	**City**		**State**	**Zip**
5718 Westheimer Road #1800	Houston		TX	77057
Phone	**Title**			
281-201-0657	Chief Executive Officer			
Description of Duties				
Management Duties				

Business Name			From - To (MM/YY – MM/YY)	
Vantage Hospice			09/11-09/21	
Business Address	**City**		**State**	**Zip**
21720 Kingsland Boulevard STE 301	Katy		TX	77450
Phone	**Title**			
281-579-5660	Vice President			
Description of Duties				
Management Duties				

Business Name			From - To (MM/YY – MM/YY)	
Richmond Bone & Joint Clinic, PA			03/02-12/11	
Business Address	**City**		**State**	**Zip**
1517 Thompson Road	Richmond		TX	77469
Phone	**Title**			
281-344-1715	CEO			
Description of Duties				
Management Duties				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

Applicant's initials JSB

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

Juliet Breeze

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/26/2021

Date

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

State of Texas, ss. County of Harris

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

Original Signature

09/28/2021

Date

Subscribed and Sworn to before me this 28th day of September.

Notary Public Signature

NOTARY PUBLIC STATE OF TEXAS
Chelsea R Gomez
My Commission Expires
03/15/2023
ID No. 131932701

(Seal)

Applicant's initials JSB

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Craig Middle Keese Last Johnson

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

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

Mailing Address [redacted] Blackhawk Club Dr.

City Danville State CA Zip 94506-4522

Telephone [redacted] Email [redacted]@gmail.com

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

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

Date of Service: From: 7/1/1980 to: 10/1/1986

Military Occupation/Specialty Captain - 42A MOS

Branch: ☑ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials cj

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

School Name		From - To (MM/YY – MM/YY)	
DePaul University		06/83 - 06/86	
Address	**City**	**State**	**Zip**
22 W Jackson St	Chicago	IL	
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
University of Wisconsin-Madison		09/76 - 05/80	
Address	**City**	**State**	**Zip**
Bascom Hall	Madison	WI	
Diploma/Degree obtained, if any			
BBA			
School Name		**From - To (MM/YY – MM/YY)**	
Oshkosh North High School		09/72-06/76	
Address	**City**	**State**	**Zip**
Smith Avenue	Oshkosh	WI	54901
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/16-Present	[redacted] Blackhawk Club Dr	Danville	CA	94506
11/99-04/16	[redacted] Manor Way	Los Altos	CA	94024
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Rehab Pulse (formerly Rowheels)			04/18-Present	
Business Address	**City**		**State**	**Zip**
8001 Terrace Ave Suite 204	Madison		WI	53562
Phone	**Title**			
1-877-234-2018	Director			
Description of Duties				
Board member				

Business Name			From - To (MM/YY – MM/YY)	
AltaThera Pharmceuticals			03/18 - Present	
Business Address	**City**		**State**	**Zip**
11 S Wacker Dr	Chicago		IL	
Phone	**Title**			
	Director			
Description of Duties				
Board member				

Business Name			From - To (MM/YY – MM/YY)	
Commonwealth Security Resources			03/17-Present	
Business Address	**City**		**State**	**Zip**
102 Pickering Way, Ste 101	Exton		PA	19341
Phone	**Title**			
(844) 850-1627	Director			
Description of Duties				
Board member				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials cj

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

Craig Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/28/21

Date

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

State of California, ss. County of Contra Costa

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

Original Signature

9/28/21

Date

Subscribed and Sworn to before me this 28th day of Sep., 2021

Notary Public Signature

AMANDA S. SINCLAIR
Notary Public - California
Contra Costa County
Commission # 2338136
My Comm. Expires Nov 27, 2024

(Seal)

Applicant's initials CJ

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Maxim Middle Roger Last Duckworth

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

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

Mailing Address [redacted] Sherman Ave

City Madison State WI Zip 53705-1618

Telephone [redacted] Email _____

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials MRD

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

School Name		From - To (MM/YY – MM/YY)	
Boston University		08/1992 - 05/1994	
Address	**City**	**State**	**Zip**
590 Commonwealth Avenue	Boston	MA	02215
Diploma/Degree obtained, if any			
MA Physics			

School Name		From - To (MM/YY – MM/YY)	
Imperial College		09/1989 - 05/1992	
Address	**City**	**State**	**Zip**
Prince Consort Rd	London	UK	SW7 2BW
Diploma/Degree obtained, if any			
B.Sc. (Hons) Physics, ARCS			

School Name		From - To (MM/YY – MM/YY)	
Bedales School		09/1981 - 07/1989	
Address	**City**	**State**	**Zip**
Church Rd	Steep	Hants	GU32 2DG
Diploma/Degree obtained, if any			
12 O levels 3 A levels 1 S level			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2019 - Today	[redacted] Sherman Avenue	Madison	WI	53703
12/2017 - 09/2019	[redacted] S Hamilton St #[redacted]	Madison	WI	53703
07/2017 - 12/2017	[redacted] 22nd St #[redacted]	Washington	DC	20037
04/2011 - 07/2017	[redacted] Thornapple St	Chevy Chase	MD	20815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MLo

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

Business Name: MaSa Partners			From - To (MM/YY – MM/YY): 06/2015 – Today	
Business Address: 1004 Sloman Avenue	City: Madison		State: WI	Zip: 53703
Phone: (443) 742-0675	Title: Co-founder			
Description of Duties: Impact investment				

Business Name: Constellation Energy			From - To (MM/YY – MM/YY): 11/1998 – 11/2012	
Business Address: 100 Market Place	City: Baltimore		State: MD	Zip: 21202
Phone: (855) 465-1244	Title: Co-Head, Commodities			
Description of Duties: Senior executive				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/19/1995		FL		Brevard
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
95-19703 MMA		Circuit Court, Eighteenth Judicial Court		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Florida vs Maxim Duckworth				
Name of Business/Industry/Entity				

Provide explanation below:

I entered a plea of 'nolo contendere in absentia'

I paid all fines and quickly fulfilled all other obligations, and was re-instated.

Please see copies of relevant documents.

Thank you.

MJA

Original Signature (electronic, copies or stamps not accepted)

10/20/2021

Date

Applicant's initials MRD

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

Maxim Duckworth

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/20/2021
Date

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

State of WISCONSIN, ss. County of DANE

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

Original Signature

10/20/2021
Date

Subscribed and Sworn to before me this 20TH day of OCTOBER, 2021

Notary Public Signature

(Seal)

Applicant's initials MRD

NOW CONTAINS 50% WASTE PAPER, INCLUDING 10% POST CONSUMER BOND

CR - NGJN NGND NGJD NGNN TR - NGPAR NGPAN

☐ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☒ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION		CASE NUMBER
☐ CIVIL ☑ CRIMINAL ☐ JUVENILE ☐ TRAFFIC	NOT GUILTY PLEA AND REQUEST FOR TRIAL	330194K 95-19703MMAX

FILED IN OPEN COURT
This 19 day of Aug, 19 95
At 9:00 AM M.
SANDY CRAWFORD
CLERK OF COURTS
BY [signature] DC

PLAINTIFF		DEFENDANT
STATE OF FLORIDA	vs	Maxium Duckworth

CHARGE(S)
DUI / Careless Driv.

I, the above named defendant, having been arraigned before Div. 5 on the 19 day of Aug, 19 95 upon the above referenced charge, do hereby enter a plea of not guilty and request a trial and location of trial, as indicated in the checked boxes below:

TYPE OF TRIAL: [X] BY JURY [ ] BY JUDGE WITHOUT JURY

LOCATION OF TRIAL: [X] TITUSVILLE COURTHOUSE [ ] ROCKLEDGE BRANCH COURTHOUSE [ ] MELBOURNE BRANCH COURTHOUSE

If this is a request for trial before the Court without a jury, I understand that I have a right to trial by jury and I hereby waive such right.

TO THE ABOVE NAMED DEFENDANT:

YOU ARE HEREBY NOTIFIED that a trial, as requested above, has been set for your case for DOCKET SOUNDING/NON-JURY TRIAL on 10-18, 19 95, at 9:00 AM. before Div. 7 in the courthouse noted above. YOU ARE HEREBY REQUIRED TO BE PRESENT in such courthouse at the day and time specified, and you should be ready to go to trial. If your appearance at the time of your arraignment was a result of a Summons, your Summons is extended to such date, time, and place. If you have posted bond, your bond is now made returnable at such time, date, and place. You are advised that in order to insure the presence of witnesses to testify on your behalf, you should have witness subpoenas issued by the Clerk of this Court to such persons, and you should contact the Clerk of the County Court as soon as possible to have such subpoenas issued.

If you are unfamiliar with the location of the courthouse at which your trial is to be held, you should familiarize yourself with such location between now and the date scheduled for your trial, so that you may be able to arrive on time on the day set for your trial.

You are further advised that in the event there is a finding of guilt at your trial, the Court would usually impose sentence at that time. In the event the Court should impose a sentence involving a payment of the fine, such fine will be payable in cash.

[ ] NO IMPRISONMENT STATEMENT:

Upon proper review, it is hereby determined that the accused herein shall not be imprisoned in the event of an adjudication of guilt. Appointed counsel is not required.

[X] DETERMINATION OF NON-INDIGENCY

Upon examination of the defendant under oath, it is hereby determined that the accused is not indigent, and therefore, the Court will not appoint an attorney in this case.

The defendant is to obtain his own attorney or in the alternative, defend the charges personally. The Court has advised the defendant of the maximum penalties which may be imposed.

I certify my address below is correct and will advise the Court in writing of any change in such address within three (3) days of such change.
I HEREBY ACKNOWLEDGE receipt of a copy of this form, including NOTICE OF TRIAL set out above.

[signature] _____ _____
DEFENDANT'S SIGNATURE DEFENDANT'S ADDRESS DEFENDANT'S PHONE NO.

Persons with a disability who need a special accommodation to participate in this proceeding should contact the Disability Coordinator at 2725 St. Johns St.; Building C Second Floor; Melbourne, FL 32940 at least five days prior to the proceeding. Telephone: (407) 633-2171; 1-800-955-8771 (TDD).

DONE AND ORDERED BREVARD COUNTY, FLORIDA	_____ JUDGE	DATE 8-19-95

LAW 140
(REV. 8/94)

DISTRIBUTION: ORIGINAL-COURT FILE [X] STATE ATTORNEY [ ] DEFENSE ATTORNEY [X] DEFENDANT

NOW CONTAINS 50% WASTE PAPER,
INCLUDING 10% POST CONSUMER BOND

CR - WST
JV - WOST TR - WOST

☐ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☒ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION	DUI/DWI ADVISEMENT OF DRIVER'S LICENSE REVOCATION NOTICE	CASE NUMBER
☐ CIVIL ☒ CRIMINAL ☐ JUVENILE ☐ TRAFFIC		95-19023MMA

PLAINTIFF		DEFENDANT	FILED IN OPEN COURT
STATE OF FLORIDA	vs	Maxim Duckworth	This 14 day of May, 1995 At 9:21 A M. SANDY CRAWFORD CLERK OF COURTS BY: [signature] DC

Pursuant to Florida Statute 316.193(8), you are hereby notified that upon conviction, the court shall suspend or revoke your driving privilege, and that you should make arrangements for transportation from any proceeding in which the court may take such action.

MAXIM DUCKWORTH
Defendant

[redacted] STRATHMORE #10
Address

BRIGHTON MA 02135
City, State, Zip

[redacted]
Telephone Number

LAW 179
(REV. 11/94)

COURT FILE

NOW CONTAINS 50% WASTE PAPER, INCLUDING 10% POST CONSUMER WASTE

SCP

161

COURT MINUTES/ORDER
BREVARD COUNTY, FLORIDA

DEFENDANT	DATE	TYPE OF PROCEEDING
DUCKWORTH, MAXIM ROGER	12 11 95	CRIMINAL PROCEEDINGS JURIS: A OFF LOC: C

CHARGES	CASE NUMBER	TAPE & LOG	PRESIDING JUDGE
1 DUI DRIVING UNDER THE INFLUENCE 005438X 316.193 1 SEV: MS	95197034MA	95-152 526	1 PH

CLERK B SANKEY
CLERK
REPORTER
BAILIFF B REYNOLDS M STOKES
BAILIFF
DEFENSE COUNSEL CIENER DANIEL S
STATE ATTORNEY L STARKS E SIMPSON
PTR REPRESENTATIVE

AMENDED CHARGE:
☐ STATE
☐ COURT

DEFENDANT

PRESENT / ✓ NOT PRESENT
WITHOUT COUNSEL / ✓ COUNSEL PRESENT IN DEFENDANT'S BEHALF
WITH COUNSEL
ADVISED OF RIGHTS AND CHARGES
WAIVED SPEEDY TRIAL
PRE-TRIAL DIVERSION WAIVER-SPEEDY TRIAL

WARRANTS

DEPUTY PRESENT &
FILED LOCAL AFFIDAVIT & WARRANT
ADVISED COURT DEFENDANT RECEIVED
BY _____ AUTHORITIES
ON _____
TO SERVE AS A HOLD UNTIL LOCAL CHARGES ARE DISMISSED OR UNTIL SCHEDULED BOND POSTED
ADVISED FOREIGN COURT WILL NOT EXTRADITE
ADVISED GOVERNOR'S WARRANT SERVED
DEFENDANT SIGNED WAIVER OF EXTRADITION

FAILURE TO APPEAR

COURT ORDERED
BENCH WARRANT / INSTANTER
BOND AMOUNT / $
JUVENILE BENCH WARRANT
CAPIAS / SUSPEND D.L. / NO ROR OR PTR

ATTORNEY

DEFENDANT DETERMINED
INDIGENT / NON-INDIGENT
COURT APPOINTED
PUBLIC DEFENDER / APPEAL PURPOSES ONLY
CONFLICT ATTORNEY
DEFENDANT WAIVED COUNSEL
COURT TOOK NO ACTION AS TO COUNSEL
COUNSEL RELIEVED FROM ANY FURTHER REPRESENTATION
COURT WAS ADVISED DEFENDANT WILL RETAIN COUNSEL
NOTICE OF APPEARANCE, WAIVER OF ARRAIGNMENT, AND DEMAND FOR JURY TRIAL FILED
NOTICE OF APPEAL FILED IN OPEN COURT
NOTICE OF APPEARANCE NOT FILED AS OF THIS DATE

FAILURE TO APPEAR WILL RESULT IN A BENCH WARRANT BEING ISSUED FOR YOUR ARREST

STATE ACTION

NOLLE PROSEQUI COUNT(S)
PRESENTED NO EVIDENCE COUNT(S)
NOTICE OF NO INFORMATION COUNT(S)
WRITTEN / ORAL
REDUCED TO MISDEMEANOR
UPGRADED TO FELONY

PLEA

NOT GUILTY / NOLO CONTENDERE / GUILTY
ORIGINAL WITHDRAWN / IN ABSENTIA
LESSER INCLUDED OFFENSE

VERDICT

JURY RETURNED WITH VERDICT OF
GUILTY / NOT GUILTY
COURT FOUND DEFENDANT TO BE
GUILTY / NOT GUILTY

COURT ACTION

✓ ACCEPTED PLEA / ARRAIGNED
✓ ADJUDICATED GUILTY / FOUND DEFENDANT IN VIOLATION OF PROBATION
PREVIOUSLY
WITHHELD ADJUDICATION OF GUILT / FOUND DEFENDANT IN CONTEMPT OF COURT
DISMISSED (CTS) / SUSPEND ORIGINAL
SENTENCE APPLIES TO ALL COUNTS / FINE / C.S.
✓ ADVISED RIGHT TO APPEAL WIN 30 DAYS / PAYABLE INFRACTION REPORT TO TRAFFIC DEPARTMENT

LICENSE ACTION

✓ REVOKED / SUSPENDED
✓ 6 MONTHS YEARS
RE-EXAMINATION REQUIRED
BY COURT RE:
CONFISCATED BY COURT

LIBERTY STATUS

CASH / ORDER
SURETY / ROR
UNSECURED SIGNATURE / PTR
SECURED SIGNATURE / SUMMONS
CITATION / NOTICE TO APPEAR
DISCHARGED / REMANDED
BENCH WARRANT CAPIAS RECALLED / ON DATE

DEPUTY NOTIFIED
BY CLERK

NEXT COURT APPEARANCE

SECOND APPEARANCE / VOP ARRAIGNMENT
CONTROL FUGITIVE WARRANT / ADVERSARY PRELIMINARY HEARING
VOP HEARING / NON JURY TRIAL
HEARING / CIVIL INFR HEARING / ARRAIGNMENT DEFERRED
PLEA / SENTENCING
STATUS CONFERENCE / DOCKET SOUNDING (JURY TRIAL)
CONTINUED BY / CRIMINAL PROCEEDINGS
COURT / STATE / PD/ATTY
REASON
DATE TIME
LOCATION
DIVISION JUDGE
ACKNOWLEDGED

(DEFENDANT/ATTORNEY SIGNATURE)

I, SANDY CRAWFORD, CLERK OF COURT, do hereby certify that a copy hereof has been sent to:

BARNES, CHRISTOHER
66 N ATLANTIC AVE
COCOA BEACH FL 32931

BOND INFO OUT OF CUSTODY

CA NUMBER-TYPE-AMOUNT
01936393 500.00
✓ SATISFIED/RELEASED
FORFEIT-IN-FULL SATISFACTION (CASH BOND)
SURETY BOND FORFEITED
FORFEITURE DATED / DISCHARGED
DEDUCT $
REFUND BALANCE TO DEPOSITOR
BALANCE OF FINE TO BE PAID

CHARGES/CASE # CHANGES

ORIGINAL CHARGES LISTED ON THE ARREST AFFIDAVIT(923.01) HAVE BEEN CHANGED
FORMER CASE #

*IF YOU ARE DISABLED, PLEASE SEE REVERSE SIDE OF DEFENDANT'S COPY FOR INFORMATION REGARDING PROCEEDINGS.

NOW CONTAINS 50% WASTE PAPER, INCLUDING 10% POST CONSUMER WASTE

COURT MINUTES/ORDER
BREVARD COUNTY, FLORIDA

DEFENDANT	DATE	CASE NUMBER
DUCKWORTH, MAXIM ROGER	12 11 95	9519703MMA

SENTENCE

- [ ] HOUSE ARREST _____ DAYS
- [ ] ALTERNATIVE COMMUNITY SERVICE
- [ ] ___HRS COMPLETE WITHIN ___ DAYS
- [ ] ATTEND AND COMPLETE SELF-IMPROVEMENT SCHOOL (SEE ATTACHMENT)

JAIL

- [ ] SENTENCED TO: ___ DAY(S) DETENTION CENTER
- [ ] ___ DAY(S) CREDIT FOR TIME SERVED
- [ ] ___ DAY(S) SUSPENDED
- [ ] CONCURRENT W/
- [ ] ANY PENDING SENTENCE
- [ ] CONSECUTIVE W/
- [ ] ANY PENDING SENTENCE
- [ ] COMMENCING
- [ ] WEEKENDS/FARM (See Supplemental Order)

PROBATION

- [x] SUPERVISED [ ] UNSUPERVISED
- [x] PERIOD OF 6 ~~YEARS~~/MONTHS
- [ ] CONCURRENT W/
- [ ] CONSECUTIVE W/

CONDITIONS OF PROBATION

- [x] ALL STANDARD CONDITIONS
- [x] COMMUNITY SERVICE 50 HRS
- [ ] RESTITUTION (SEE ORDER) [ ] RESERVED
- [ ] REPORT TO PROB. BY _____
- [ ] AA/NA _____ TIMES WEEKLY/MONTHLY
- [ ] NO DRINKING AND DRIVING
- [ ] Pay all Outstanding Fines
- [ ] OBTAIN VALID DL
- [ ] Obtain Valid Tag/Registration
- [ ] No Driving w/o valid DL
- [ ] Vehicle Impoundment (See Order)
- [x] $45 per month Cost of Supervision Fees
- [x] ATTEND AND COMPLETE SELF-IMPROVEMENT SCHOOL (SEE ATTACHMENT)
- [x] SEE REMARKS

STATUS OF PROBATION

- [ ] REVOKED
- [ ] REINSTATED
- [ ] SAME TERMS AND CONDITIONS
- [ ] TERMINATED
- [ ] SATISFACTORILY
- [ ] UNSATISFACTORILY

ORDER OF THE COURT

- [ ] PROBABLE CAUSE [ ] NO PROBABLE CAUSE
- [ ] NO IMPRISONMENT STATEMENT
- [ ] FINGERPRINTED IN OPEN COURT
- [ ] PRE-SENTENCE INVESTIGATION
- [ ] EVALUATION ORDERED
- [ ] PSYCHIATRIC
- [ ] DETENTION FACILITY [ ] TASC
- [ ] FORENSICS [ ] CIRCLES OF CARE
- [ ] MENTAL HEALTH CENTER SHERIFF TO TRANSPORT [ ] SEE REMARKS
- [ ] MEDICAL
- [ ] STD TEST
- [ ] HIV TEST
- [ ] HEPATITIS TEST
- [ ] COPY OF REPORT TO BE FILED WITH THE COURT

BOND INFORMATION IN CUSTODY

- [ ] SET AT [ ] REDUCED TO [ ] INCREASED TO
- $ [ ] CASH [ ] SURETY
- [ ] SECURED SIGNATURE [ ] UNSECURED SIGNATURE

SURETY:

- [ ] ROR
- [ ] NO BOND
- [ ] UNTIL FURTHER ORDER OF COURT
- [ ] DUE TO NATURE OF OFFENSE
- [ ] UNTIL EVALUATION COMPLETE

- [ ] CONDITIONS
- [ ] ABIDE BY ALL LAWS
- [ ] MAKE ALL COURT APPEARANCES
- [ ] REMAIN IN BREVARD COUNTY
- [ ] REMAIN IN CONTACT WITH ATTORNEY
- [ ] NO CONTACT WITH VICTIM
- [ ] VICTIM NAME(S) _____
- [ ] CURFEW _____ M TO _____ M
- [ ] NO ACTION TAKEN AS TO BOND AMOUNT
- [x] RELEASED/DISCHARGED
- [ ] REMANDED AS TO CHARGES ON ARREST AFFIDAVIT (923.01) ONLY
- [ ] REMANDED

ASSESSMENTS

FINE	250.00
COURT COSTS	
LATE CHARGES	
OTHER	.00
TOTAL	493.90
PAYABLE BY	4-11-96

- [ ] MANDATORY COURT COSTS WAIVED
- $ ___ SUSPEND ALL BUT $ ___

ADDITIONAL ASSESSMENTS

- $ _____ INVESTIGATIVE COST FOR _____ (Agency)
- PUBLIC DEFENDER LIEN IN THE AMOUNT OF $ _____
- [ ] Investigative Costs and Public Defender Liens must be paid to the Clerk of Courts

ASSESSMENT ALTERNATIVES

- _____ HRS COMMUNITY SERVICE CONVERTED TO $ _____ PAYABLE BY _____
- FINE CONVERTED TO _____ COMMUNITY SERVICE HOURS TO BE COMPLETED BY _____
- MAY PERFORM COMMUNITY SERVICE AT THE RATE OF $_____ PER HOUR IN LIEU OF FINE BY _____

COURT COSTS MAY NOT BE CONVERTED TO COMMUNITY SERVICE HOURS

MAIL IN PAYMENTS

CLERK OF COURT
P.O. BOX 3026
TITUSVILLE, FL 32781-3026

WALK IN PAYMENTS

TITUSVILLE
700 S. PARK AVE.
BLDG. 2
TITUSVILLE

ROCKLEDGE
OLD SEARSTOWN MALL
894 S. US1
ROCKLEDGE

MELBOURNE
BRANCH COURTHOUSE
50 S. NIEMAN AVE.
MELBOURNE

PLEASE WRITE THIS CASE NUMBER
9519703MMA
ON YOUR CHECK OR MONEY ORDER.

PARTIAL PAYMENTS ACCEPTED FOR ALL CASES

REMARKS Court has no objection to Driving Priv. for Business Purpose if Victim Impact Class Paid & Dui School I-II Dimiller Program is Available in Massachusetts. 10 days imprisonment will in 90 days or after

DONE AND ORDERED THIS 11th DAY OF December, 19 95 IN TITUSVILLE
BREVARD COUNTY, FLORIDA

AND FILED IN OPEN COURT _____ M.

DEFENDANT'S NAME AND ADDRESS:
DUCKWORTH, MAXIM ROGER
[redacted] ATLANTIC AVE
COCOA BEACH FL 32931

JUDGE/DEPUTY CLERK

LAW 134 (REV '4/96)

ORIGINAL-COURT FILE [ ] DEFENDANT [ ] STATE ATTORNEY [ ] PUBLIC DEFENDER/DEF. COUNSEL
[ ] SHERIFF [ ] PROBATION/COMMUNITY CONTROL [ ] PROBATION/PAROLE/COMMUNITY CONTROL

NOW CONTAINS 50% WASTE PAPER, INCLUDING 10% POST CONSUMER BOND

☒ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☐ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION	BREVARD COUNTY SELF-IMPROVEMENT PROGRAMS	CASE NUMBER (S)
☐ CIVIL ◯ CRIMINAL ☐ JUVENILE ☐ TRAFFIC		95-19703mmA

PLAINTIFF	DEFENDANT
STATE OF FLORIDA vs	Mayim Duckworth

(X)	COURSE	LENGTH OF COURSE	COST*	APPROVED SCHOOLS
	Advanced Driver Improvement	12 hours	$ 100.00 $ 85.00	Central Florida Safety Council E-Z Method Drivers Training School
X	Anger Management	4 hours	$ 20.00	Court Alternatives Division
	Coaching the Mature Driver	6 hours	$ 8.00	Central Florida Safety Council
	Defensive Driving School	8 hours	$ 50.00	Central Florida Safety Council
	Domestic Violence: The Alternative	27 hours	TBD +	Central Florida Safety Council
	Domestic Violence: Family Counseling	48 hours	TBD +	Family Counseling Center
	Driving While Driver's License Suspended/Revoked Assistance Program	8 hours	$ 55.00	Central Florida Safety Council
X	DUI Level I (First Offender)	12 hours	$ 180.00 $ 171.00	Central Florida Safety Council CounterAttack of Brevard
	DUI Level II (Multi-offender)	21 hours	$ 250.00 $ 238.00	Central Florida Safety Council CounterAttack of Brevard
	Employability Skills/Interviewing Techniques	4 hours	$ 20.00	Court Alternatives Division
	Family Economic Stability	4 hours	$ 20.00	Court Alternatives Division
	HIV Awareness	2 hours	$ 20.00	Project Response
	Interpersonal Skills	4 hours	$ 20.00	Court Alternatives Division
	Motorcycle Rider Beginners Course (under 21 years of age)	19 hours	$ 95.00	Central Florida Safety Council
	Motorcycle Rider Experienced Course (21 years of age and older)	8 hours	$ 55.00	Central Florida Safety Council
	Retail Theft/Shoplifting School	8 hours	$ 45.00 $ 50.00	ACF Milepost Central Florida Safety Council
	SHARE (Stop Harmful and Abusive Relationships through Education)	8 hours	$ 40.00	Court Alternatives Division
	Traffic Assistance Program (TAP)	N/A	$ 50.00	Clerk of Court - Brevard County
X	Victim Awareness Program	2 hours	$ 25.00	Central Florida Safety Council
	Worthless/Bad Check School	8 hours	$ 45.00	ACF Milepost
	Other			

General Information - It is your responsibility to enroll in the appropriate course within 5 working days from this date. You will pay tuition fees at the time of enrollment. You must complete this course of instruction within 60 days from this dete (unless otherwise specified by the Court) and show proof of completion to the Clerk of Court, Probation, or other appropriate agency.

DUI Courses - This course must be completed within 90 days. Completion of one of these programs is required before a Temporary Driver's Permit will be issued to you. Failure to complete the DUI course can result in a charge of Contempt of Court and suspension of your driving privilege. A report will be made to the Court regarding your participation. The report will include an assessment of your problems.

I acknowledge receipt of a copy of this document. Mayim Duckworth
Defendant's Signature

Filed in Open Court this 11 day of DEC 1995 at 1p M. in TV, Brevard County, Florida

S Scanky D.C.

*Cost effective 1/13/95, subject to change without further notice.
+Cost to be determined at time of enrollment.

LAW 480 (Rev. 1/96) ORIGINAL - COURT FILE [ ] COURT ALTERNATIVE DIVISION [ ] STATE [ ] DEFENSE ATTORNEY [ ] DEFENDANT

☐ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☒ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION		CASE NUMBER
☐ CIVIL ☒ CRIMINAL ☐ JUVENILE ☐ TRAFFIC	COMMUNITY SERVICE INSURANCE COVERAGE	95-19703-mmm FILED IN OPEN COURT THIS 11 DAY OF Dec, 1995 AT 4p M. SANDY CRAWFORD CLERK OF COURTS BY Scinta DC

PLAINTIFF		DEFENDANT
STATE OF FLORIDA	vs	Maxim Duckworth

Pursuant to Administrative Order No. 93-36-B, within fifteen (15) days, you will pay the Clerk of Circuit Court additional court costs in the amount of $ 4.30 to provide medical insurance coverage while you are performing community service required by Court Order.

Defendant's Signature — DATE 12-11-95

NOTE TO CASHIER: THIS FINE WILL BE A SEPARATE RECEIPT FROM ANY OTHER FINE AND COSTS

Persons with a disability who need a special accommodation to participate in this proceeding should contact the ADA Coordinator at 2725 St. Johns St.; Building C Second Floor; Melbourne, FL 32940 at least five days prior to the proceeding. Telephone: (407) 633-2171; 1-800-955-8771 (TDD), or 1-800-955-8770 (V), via Florida Relay Service.

SANDY CRAWFORD CLERK OF COURTS	/S/SANDY CRAWFORD BY ____ DC	DATE 12-11-95

LAW 135
(REV. 4/93)

DISTRIBUTION: COURT FILE ☒ ALTERNATIVE COMMUNITY SERVICE PROGRAM ☒ DEFENDANT

RECYCLED
NOW CONTAINS 50% WASTE PAPER,
INCLUDING 10% POST CONSUMER BOND

DEFENDANT	PROBATION CONDITIONS	CASE NUMBER
Mavin Duckworth		95-19763mmz

1. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your Probation Officer.
2. You will report to your Probation Officer, on a scheduled appointment day, making a full and truthful report in person unless otherwise directed by your Probation Officer.
3. You will neither possess, carry, or own any weapon(s) or firearm(s) without first securing the consent of your Probation Officer.
4. You will live and remain at liberty without violating any law. A conviction in a Court of Law shall not be necessary in order for such a violation to constitute a violation of your probation.
5. You will not use intoxicants to excess; nor will you visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used unlawfully.
6. You will work diligently at a lawful occupation and support any dependents to the best of your ability, as directed by your Probation Officer.
7. You will promptly and truthfully answer all inquiries directed to you by the Court or the Misdemeanor Probation Officer and allow the officer to visit in your home, at your employment site, or elsewhere, and you will comply with all instructions he or she may give you.
8. You will pay a fee of forty dollars ($40.00) per month toward the cost of this supervision and rehabilitation beginning on a date to be set by your Probation Officer.
9. You shall attend and satisfactorily complete those mental health, alcohol, or education programs so ordered by the Court.
10. You shall immediately report to or, if in custody, report within 72 hours of your release to: COURT ALTERNATIVE DIVISION (PROBATION), 2725 ST. JOHNS STREET, BLDG B ROOM 134, MELBOURNE, FL 32940.

SPECIAL CONDITIONS:

- ☑ ~~COUNTERATTACK I~~ DUI Level I
- ☐ COUNTERATTACK II
- ☑ COMMUNITY SERVICE 50 HOURS
- ☐ REPORT TO PROBATION BY _____
- ☐ DUI BUMPER STICKER
- ☐ PAY ALL OUTSTANDING FINES
- ☐ OBTAIN VALID DRIVER'S LICENSE
- ☐ OBTAIN VALID TAG/REGISTRATION
- ☐ NO DRINKING AND DRIVING
- ☐ NO DRIVING WITHOUT VALID DRIVER'S LICENSE
- ☑ REVOKE DRIVER'S LICENSE 6 (MO/~~YR(S)~~)
- ☐ AA/NA _____ TIMES WEEKLY
- ☐ RESTITUTION RESERVED
- ☐ RESTITUTION IN THE AMOUNT OF $_____ (SEE ATTACHED RESTITUTION SCHEDULE)
- ☐ JAIL TOURS
- ☐ SPOUSE ABUSE PROGRAM
- ☐ WORTHLESS CHECK PROGRAM
- ☑ OTHER: Classes to be taken only if Similar program available in Massachusetts, (VAP) Court has NO obj. to Driving for business purposes.

I certify that I have read and understand the conditions of my probation as outlined above.

DEFENDANT'S SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ DEFENDANT'S PHONE NUMBER _____

LAW 156
(REV. 7/93)

NOW CONTAINS 50% WASTE PAPER
INCLUDING 10% POST CONSUMER BOND

DEFENDANT	JUDGMENT PLACING DEFENDANT ON PROBATION	CASE NUMBER
Maxim B. Dalkiewicz		95-19703-mma

✓ 3. You are hereby placed on notice that the Court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision; and that if you violate any of the conditions of your probation, you may be arrested and the Court may revoke your probation and impose any sentence which it might have imposed before placing you on probation. 95-12626-CFAES

✓ 4. You will pay Court costs and fines in the amount of $ 193.90 by Apr. 31 1997 (1004), 1996.

5. You are sentenced to serve _____ days in the Brevard County Detention Center less _____ days credit for time served and _____ days suspended.

The Defendant in Open Court was advised of his right to appeal from this Judgment by filing notice of appeal with the Clerk of Court within thirty (30) days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The Defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency. ANDREW WAGNER

DONE AND ORDERED BREVARD COUNTY, FLORIDA	_____ JUDGE	DATE 12-11-96

LAW 146
(REV. 7/93)

NOW CONTAINS 50% WASTE PAPER, INCLUDING 10% POST CONSUMER BOND

☐ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
☑ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA

DIVISION
☐ CIVIL
☑ CRIMINAL
☐ JUVENILE
☐ TRAFFIC

JUDGMENT PLACING DEFENDANT ON PROBATION

CASE NUMBER: 95-19103-mmA

FILED IN OPEN COURT
This 9/1 day of Dec., 1995
At 12 M.
SANDY CRAWFORD
CLERK OF COURTS
BY SSink DC

PLAINTIFF: STATE OF FLORIDA vs

DEFENDANT: Maxim Roger Duckworth

☐ PROBATION VIOLATOR ☐ PROBATION REINSTATED ☐ AMENDED SENTENCE

This case coming on this day to be heard before me, and you, the Defendant being now present before me, and having

☑ ENTERED A PLEA OF ☐ GUILTY ☑ NOLO CONTENDERE
☐ BEEN FOUND GUILTY ☐ BY THE VERDICT OF A JURY ☐ BY THE COURT TRYING THE CASE WITHOUT A JURY

to the offenses of

COUNT	CRIME	OFFENSE STATUTE NUMBERS	DEGREE OF CRIME
I	Driving Under the Influence	316.193	2D

and the court having found you to be guilty of said offense(s) and ☐ withheld adjudication ☑ adjudged you to be guilty of said offense(s); and it appearing to the satisfaction of the Court that you are not likely again to engage in a criminal course of conduct, and that the ends of justice and the welfare of society do not require that you should suffer the penalty authorized by law; THEREFORE, it is
ORDERED AND ADJUDGED that

✓ 1. You are hereby placed on probation under the supervision of Brevard County Misdemeanor Probation and its officers for a period of 6 months.

2. Said probation shall run
☐ consecutive ☐ concurrent with
☐ Case Number(s) _____
☐ Count(s) _____

LAW 141
(REV. 7/93)
DISTRIBUTION: COURT FILE [ ] DEFENDANT [ ] COURT ALTERNATIVE DIVISION

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RehabPulse Inc

Physical Address 8001 Terrace Ave, Ste 204

City Middleton State WI Zip 53562-3138

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (877) 234-2018 Website www.RehabPulse.com

Licensing Company Email info@rehabpulse.com

Section 2: Personal Information

First Gaurav Middle _____ Last Mishra

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

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

Mailing Address [redacted] Lawton Ct

City Waunakee State WI Zip 53597-2643

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials GM

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

School Name		From - To (MM/YY – MM/YY)	
University Of Edinburgh Management School		2003 to 2005	
Address	**City**	**State**	**Zip**
Bristo Square, Edinburgh	Edinburgh, UK	Scotland	EH1
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
IIMM		2002-2003	
Address	**City**	**State**	**Zip**
Pune	Pune, India	Maharastr	
Diploma/Degree obtained, if any			
Post Graduate Business			
School Name		**From - To (MM/YY – MM/YY)**	
National Defence Academy		1993-1995	
Address	**City**	**State**	**Zip**
Khadavasla	Pune	Maharastr	
Diploma/Degree obtained, if any			
Under Graduate: History, Geography and Economics, Defence studies			
School Name		**From - To (MM/YY – MM/YY)**	
Rashtriya Indian Military College		1986 - 1992	
Address	**City**	**State**	**Zip**
Dehra Dun, India	Dehra Dun, India		
Diploma/Degree obtained, if any			
High School			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19- current	[redacted] Lawton Court,	Waunakee	WI	53597
06/18 - 08/19	[redacted] Vista Meadow Dr	Verona	WI	53593
12/15- 06/18	[redacted] Cathedral Lake Dr	Frisco	Texas	75034
05/14- 12/15	Roentgenstrasse [redacted],	Berlin, Germany	Berlin	
12/12- 05/14	[redacted] Maplewood Street	Chandler	AZ	
07/10- 12/12	Am Klausberge [redacted]	Goettingen, Germany	Lower Sax	37075
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
RehabPulse HoldCo.			06/2018- Present
Business Address	**City**	**State**	**Zip**
8001 Terrace Avenue	Middleton		
Phone	**Title**		
	CEO		
Description of Duties			
Executive Management			

Business Name			From - To (MM/YY – MM/YY)
OttoBock Healthcare			07/10- 06/2018
Business Address	**City**	**State**	**Zip**
Duderstadt Germany and Tempe AZ		AZ, Germa	
Phone	**Title**		
Description of Duties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

09/28/2021
Date

Applicant's initials GM

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

Gaurav Mishra

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/28/2021

Date

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

State of WI, ss. County of DANE

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

Original Signature

9/28/2021

Date

Subscribed and Sworn to before me this 28 day of Sept, 2021.

Notary Public Signature

KRISTIN A CIHLA
NOTARY PUBLIC
STATE OF WISCONSIN

(Seal)

4D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Y

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: A-dec, Inc.

Physical Address: 1601 Manufacturers Drive

City: Fenton State: MO Zip: 63026

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 636-282-8735 Website: www.a-dec.com

Name of Designated Representative (DR): Travis Morgan

Licensing Company Email: regulatory@a-dec.com DR Email: travis.morgan@a-dec.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Dental Schools or Government Entities	☒ Others: Dental Equipment, Supplies, or Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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

Name: Milwaukee Electronics
Address: 1140 NW 3rd Ave City: Canby State: OR Zip: 97013

Name: Packaging Resources
Address: 12555 SW Tualatin-Sherwood Rd City: Tualatin State: OR Zip: 97062

Name: Vision Plastics
Address: 26000 SW Parkway Center Dr City: Wilsonville State: OR Zip: 97070

Name: East Side Plating
Address: 8400 SE 26th Place City: Portland State: OR Zip: 97202

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Oregon
Parent Company (if any): N/A
Corporation Name: A-dec, Inc.
Mailing Address: 2601 Crestview Drive
City: Newberg State: OR Zip: 97132
Telephone: 503-538-9471 Email: regulatory@a-dec.com
Contact Person Name: Kendra Rathkey

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Kendra Rathkey

Print Name of Authorized Person Submitting Application

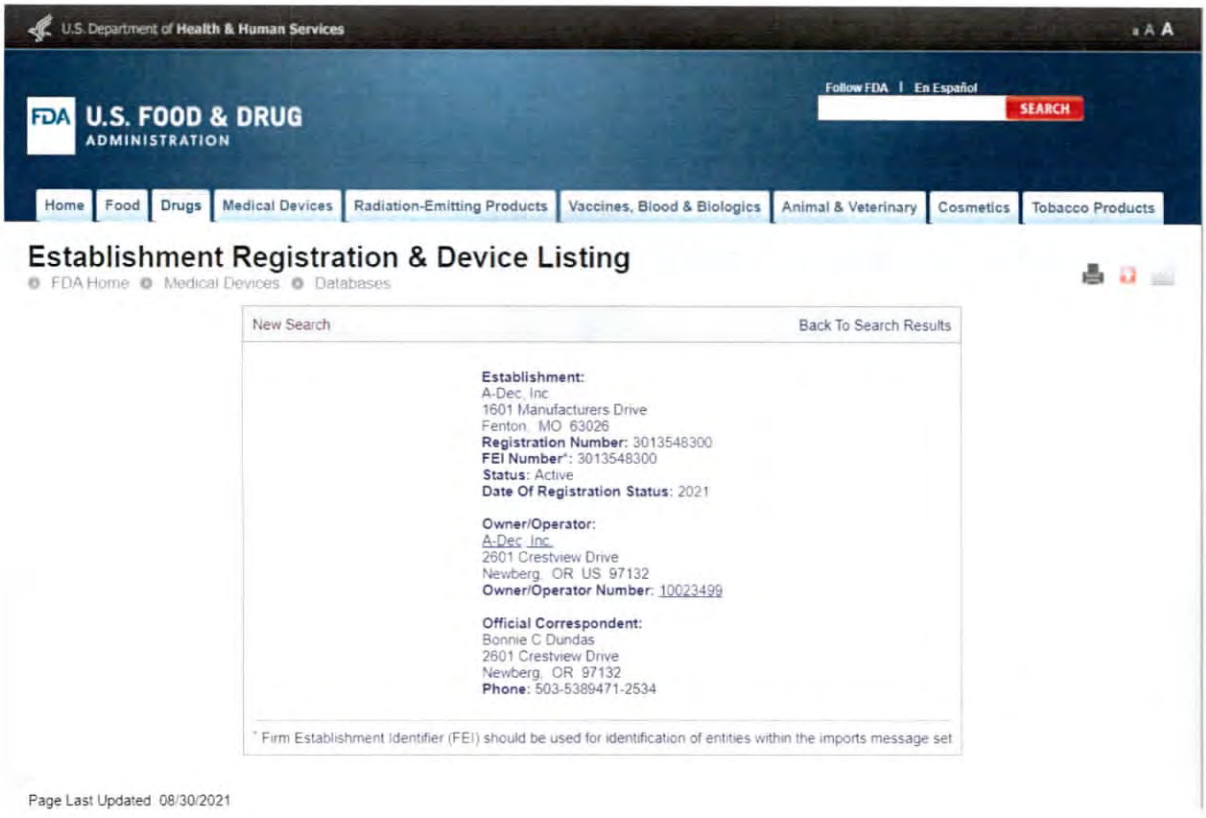
Kendra K. Rathkey

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

9/28/2021

Date

Board Use Only	Date Received: _____	Amount: $500 (cc) Processed 10/7/21



U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

FDA Home > Medical Devices > Databases

New Search | Back To Search Results

Establishment:
A-Dec, Inc.
1601 Manufacturers Drive
Fenton, MO 63026
Registration Number: 3013548300
FEI Number*: 3013548300
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
A-Dec, Inc.
2601 Crestview Drive
Newberg, OR US 97132
Owner/Operator Number: 10023499

Official Correspondent:
Bonnie C Dundas
2601 Crestview Drive
Newberg, OR 97132
Phone: 503-5389471-2534

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated 08/30/2021

Verified M.H 10/7/21

Maria Herrera

From: Henke, Laura <Laura.Henke@pr.mo.gov>
Sent: Monday, October 18, 2021 9:34 AM
To: Kendra Rathkey
Subject: RE: Letter Stating No License Required

Kendra,

The Missouri Board of Pharmacy does not regulate devices that do not contain a drug as part of the device.

Regards,

Laura Henke
Pharmacy and Drug Distributor Coordinator
Missouri Board of Pharmacy
Missouri Department of Commerce & Insurance
Mailing: PO Box 625, Jefferson City, MO 65102
Physical: 3605 Missouri Blvd., Jefferson City, MO 65109
573-526-6985
Fax: 573-526-3464
Laura.Henke@pr.mo.gov
Sign up for BOP news

DCI

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Monday, October 18, 2021 11:19 AM
To: pharmacy@pr.mo.gov
Subject: Letter Stating No License Required

Hi Laura,

Thank you for your time this morning to confirm that the MO Board of Pharmacy (BOP) does not generally regulate facilities that manufacture/distribute medical devices. As we register this facility in other states, some have requested the license from the facility's resident state BOP or an original letter from the 'state agency that licenses drug outlets' stating we do not need a license. Will you please send me a letter to this effect for the following facility:

A-dec, Inc.
1601 Manufacturers Drive
Fenton, MO 63026

This facility manufactures and distributes dental air compressors and dental vacuum systems, which do the following:

- A dental air compressor is intended to provide air pressure to dental devices for use during diagnostic and therapeutic treatment by licensed health care professionals.
- A dental vacuum system is intended to provide suction to dental devices for use during diagnostic and therapeutic treatment by licensed health care professionals.

Please do not hesitate to let me know if you need any further information to process this request.

Best regards,

Kendra Rathkey
DIRECTOR, REGULATORY AFFAIRS
503.538.9471 x2109



State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 530R424Y2

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

A-DEC, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

9/24/2021

Section 9: List of all Officers and Directors.

Name	Title
Scott N. Parrish	Chairman of the Board of Directors & CEO
Marv Nelson	President
Mike Highland	VP, CFO and Treasurer
Lindsey Kantawee	VP, General Counsel and Secretary
Tim Long	VP of Global Sales & Marketing
Larry Martin	VP of Innovation
Mariah Robbins	VP of Global People & Culture
Wes Snyder	VP of Manufacturing
Anthony Woods	VP of Product Development
G. Kenneth Austin III	Assistant Secretary and Assistant Treasurer
Loni L. Parrish	Assistant Secretary and Assistant Treasurer
G. Kenneth Austin III	Director
Loni L. Parrish	Director
Scott N. Parrish	Director
Megan F. Clubb	Director
Steven D. Pratt	Director
Joe Robertson	Director
Bill Stoller	Director

From: Kendra Rathkey
Sent: Monday, January 3, 2022 3:01 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hi Maria,

I have confirmed with our legal department that since we submitted our application, certain transfers of shares have occurred among our family owners, thereby changing our shareholder table from what we originally submitted. I am including below a snapshot of our current shareholder base as of 12/25/21. This snapshot also clearly identifies who the trustees are for each trust.

To fulfill your request to provide personal history forms for the trustees of any trust shareholders, I believe we only need to provide the personal history form for G. Ken Austin III and Loni Parrish, each of whom are trustees of a shareholder trust as reflected below in the highlighted lines. Neither Scott Parrish nor Celia Austin are current trustees of any shareholder trust. The line you highlighted in the attached reflects the name of the trust, but as you can see below Ashley Parrish and Jessica Wolfer are trustees of the Scott and Loni Parrish Family Perpetual Trust (not Scott and Loni Parrish).

Matthew D. Austin, Grant K. Austin and Todd D. Austin, Trustees of the Kenneth and Celia Austin Family Perpetual Trust	Shareholder
Ashley N. Parrish and Jessica D. Wolfer, Trustees of the Scott and Loni Parrish Family Perpetual	Shareholder
G. Kenneth Austin III, Trustee of the G. Kenneth Austin III trust u/a dated 10/21/14	Shareholder
Loni L. Parrish, Trustee of the Loni L. Parrish Trust u/a dated 01/02/13	Shareholder
Matthew D. Austin	Shareholder
Ashley N. Parrish	Shareholder
Jessica D. Wolfer	Shareholder
	Total

As a reminder, we already provided personal history forms for each of the other individuals who either hold shares in their individual capacity or are a trustee of a shareholder trust:

- Ashley Parrish

Hi Mark,

Thank you for your call this morning. Here is the additional information I sent to Maria last week. Please review and let me know if there is anything further you need from A-dec to process our applications. As we discussed, I would like confirmation that our application is complete and we are on the agenda for the next board meeting in March.

Thanks again,

Kendra Rathkey

DIRECTOR, REGULATORY AFFAIRS

503.538.9471 x2109

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Thursday, January 6, 2022 6:08 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hi Maria,

Have you had an opportunity to review this email and answer the open questions (highlighted green below)?

Also, please see attached for the completed personal history forms for Ken and Loni, which apply to both A-dec, Inc facilities (Newberg, OR and Fenton, MO). The originals will be sent tomorrow via UPS to your attention.

Please let me know if there is anything else you need from A-dec to process our applications.

Thank you,

Kendra Rathkey

DIRECTOR, REGULATORY AFFAIRS

503.538.9471 x2109

Section 9: List of all corporation shareholders and their percent ownership.

Name	Title	Ownership Percentage
Kenneth and Celia Austin Family Perpetual Trust	Shareholder, Entity	30.80%
Scott and Loni Parrish Family Perpetual Trust	Shareholder, Entity	30.80%
G. Kenneth Austin III trust u/a dated 10/21/14	Shareholder, Entity	4.55%
Loni L. Parrish Trust u/a dated 01/02/13	Shareholder, Entity	4.55%
G. Kenneth Austin III 2016 Annuity Trust III	Shareholder, Entity	6.27%
Loni L. Parrish 2016 Annuity Trust III	Shareholder, Entity	6.27%
Matthew D. Austin	Shareholder, Individual	2.79%
Grant K. Austin	Shareholder, Individual	2.79%
Todd D. Austin	Shareholder, Individual	2.79%
Ashley N. Parrish	Shareholder, Individual	4.19%
Jessica D. Wolfer	Shareholder, Individual	4.19%

Section 9: A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Name	Function
Warman, Sandra S.	Employee
Henning, William	Employee
Fleming, Everett D.	Employee
Keysor, Sarah L.	Employee
Hertel, Patrick D.	Employee
Rittenberg, Jason S.	Employee
Ashraf, Shaan K.	Employee
Lockhart, Sara N.	Employee
Pendegraft, Alexis C.	Employee
Morris, Stephanie	Employee
Novak, Elizabeth N.	Employee
Morgan, Travis C.	Employee
Bank of America, NA	Lender

GENERAL PURPOSE RIDER

To be attached to and form part of Bond Number 107489459 effective September 15, 2021
issued by the Travelers Casualty and Surety Company of America
in the amount of Twenty Five Thousand and 00/100 Dollars ($25,000.00) DOLLARS,
on behalf of A-Dec, Inc.
as Principal and in favor of State of Nevada and the Nevada State Board of Pharmacy
as Obligee:

Now, Therefore, it is agreed that:

This Bond applies to the following A-Dec, Inc. locations:

- 2601 Crestview Drive, Newberg Oregon 97132
- 1601 Manufacturers Drive, Fenton, Missouri, 63026

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This rider is to be effective the 15th day of September, 2021.

Signed, sealed and dated this 24th day of September, 2021.

A-Dec, Inc.
(Principal)
By: _____

Travelers Casualty and Surety Company of America
(Surety)
By: _____
Ian J. Campbell, Attorney-in-Fact

Accepted By:

_____

_____

Form F5340

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Ian J. Campbell** of **PORTLAND**, **Oregon**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **24th** day of **September**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Ian J. Campbell** of **PORTLAND**, **Oregon**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **14th** day of **September**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107489459

Application/License No. _____

A-Dec, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2601 Crestview Drive, Newberg, OR 97132 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 14th day of September, 20 21.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Ian J. Campbell, Attorney-In-fact
print name

SIGNED and SEALED in the presence of:

Witness Gary McCann

Witness Sherry Campbell

Countersigned by:

N/A
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler A-dec Inc

Physical Address 1601 Manufacturers Drive

City Fenton State MO Zip 63026

Mailing Address (if different from physical address) 1601 Manufacturers Drive

City Fenton State MO Zip 63026

Telephone 636-282-8735 Website www.a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Travis Middle Craig Last Morgan

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

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

Mailing Address [redacted] Ironwood DR

City Newberg State OR Zip 97132

Telephone [redacted] Email travis.morgan@a-dec.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

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

Applicant's initials TCM

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

School Name			From - To (MM/YY – MM/YY)
Madras High School			09/96-06-00
Address	**City**	**State**	**Zip**
390 SE !0th Street	Madras	OR	97741
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
George Fox University			09/00-06/04
Address	**City**	**State**	**Zip**
414 N Meridian Street	Newberg	OR	97132
Diploma/Degree obtained, if any			
B.A. Music			

School Name			From - To (MM/YY – MM/YY)
George Fox University			09/09-12/11
Address	**City**	**State**	**Zip**
414 N Meridian Street	Newberg	OR	97132
Diploma/Degree obtained, if any			
M.B.A.			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-Present	[redacted] Ironwood DR	Newberg	OR	97132
10/06-06/15	[redacted] Little Oak Street	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TCM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			03/21-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Human Resources Business Partner - Manufacturing		1088

Description of Duties

Manage & resolve complex employee relations issues, provide day to day performance management guidance to business unit leaders, participate & provide input on business unit restructures, workforce planning, succession planning

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			04/18-03/21
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Shipping Supervisor		6160

Description of Duties

Scheduling work, supervise shipping team, oversee inventory controls, coordinate shipping assignments with carriers, maintain training

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			12/16-04/18
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Production Supervisor		2800

Description of Duties

Supervise powder coat production line, maintaining production quality, controls, and staffing to meet production demands.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials TCM

N/A

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

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

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

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

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

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

Applicant's initials TCM

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

N/A

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

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

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

Provide explanation below:

_____ _____

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

Applicant's initials TCM

I, Travis Craig Morgan, **certify that as the designated representative for**

A-dec, Inc.,

that I am qualified as follows and will comply with the following:

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

Travis Craig Morgan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2021

Date

Applicant's initials TCM

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

Travis Craig Morgan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2021
Date

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

State of Oregon, ss. County of Yamhill

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

Original Signature

9/27/2021
Date

Subscribed and Sworn to before me this 27th day of September, 2021

Valerie Katzler
Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials TCM

Mark I. Sedar

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Monday, January 10, 2022 1:29 PM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

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

Hi Mark,

Here is a summary of the case:

> Brett Baker, a former employee (President) of the Austin-Parrish family office, filed a lawsuit in September 2019 against plaintiffs asserting voting control of A-dec, Inc. Baker shortly thereafter filed a motion for a preliminary injunction and a hearing was held in November 2019. No decision was issued and the preliminary injunction was not granted at the November hearing. A-dec, Inc. was added to the lawsuit subsequent to the initial filing as a nominal defendant. The parties reached a confidential settlement agreement, and the lawsuit was dismissed.

Please let me know if there is anything further you need to support our applications.

Thank you,
Kendra Rathkey
DIRECTOR, REGULATORY AFFAIRS
503.538.9471 x2109

a-dec
reliablecreativesolutions

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, January 10, 2022 11:54 AM
To: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hello Kendra,

Can you provide additional information concerning the response to Question 4 on both applications? Our board will want to understand the details of the case.

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive/1601 Manufacturers Drive

City Newberg/Fenton State OR/MO Zip 97132/63026

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 503-538-9471/636-282-8735 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First George Middle Kenneth Last Austin III

Alias(es, nicknames, name changes, etc.) in his capacity as Trustee of the G. Kenneth Austin III Trust u/a/d 10/21/14

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

Mailing Address [redacted] Crestview Drive

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials G. K. A. 1

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		09/68-05/71	
Address	City	State	Zip
2400 Douglas Avenue	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/72-05/77	
Address	City	State	Zip
1500 SW Jefferson St.	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor's of Science in Business			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/87-present	[redacted] Herd Road	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted]2

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International, Inc.			8/81-present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Trading Company Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Dental U.K. Ltd.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Global, Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
A-dec, Limited		06/09-present	
Business Address	City	State	Zip
Suite 3201 Jardine House, 1 Connaught Place	Central, HK		
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
A-dec (Hang Zhou) Dental Equipment Co., Ltd.		12/09-present	
Business Address	City	State	Zip
Van Warm Industrial Park, No. 528 Shun Feng Rd.	Qian Jiang Economic Dev. Zone	Hang Zhou CH	
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Springbrook Properties, Inc.		10/21/14 - present	
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
503-537-1000	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14		
Description of Duties			

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

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

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

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

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		Oregon		
Case # 19CV42346		**Governing, licensing, Arresting Presiding Body/Agency/Court** Oregon Circuit Court		
Reason/Charge Corporate dispute				
Plaintiff/Defendant/Claimant/Respondent Brett Baker vs. G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust u/a/d 1/30/09 et al.			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

G. Kenneth Austin
Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

Applicant's initials GKA

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: Addendum A has been previously provided.

N. Kenneth Austin

Original Signature (electronic, copies or stamps not accepted)

1/6/22

Date

Applicant's initials NKA

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

G. Kenneth Austin III
Print Name (First, Last)

G. Kenneth Austin III
Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

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

State of Oregon, ss. County of Yamhill

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

G. Kenneth Austin III
Original Signature

1/6/22
Date

Subscribed and Sworn to before me this 6th day of January, 2022

Valerie Katzler
Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials GKAus

Case Information

19CV42346 | Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.

Case Number	Court	
19CV42346	Yamhill	
File Date	Case Type	Case Status
09/26/2019	Injunctive Relief	Closed

Party

Plaintiff
Baker, Brett

Active Attorneys▾
Lead Attorney
JOHNSON, THOMAS RUSSELL
Retained

Attorney
Choi, Edward
Retained

Attorney
Schock, Kevin R
Retained

Defendant
Austin, G. Kenneth, III

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Parrish, Loni L.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Parrish, Scott N.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Austin, Celia S.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney

Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Joan D. Austin Share C Trust U/A/D 1/30/09

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III Trust U/A/D 10/21/14

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
George Kenneth Austin Jr. 2014 Annuity Trust I

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L Parrish Trust U/A/D 01/02/13

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Scott N. Parrish Irrevocable Trust U/A/D 07/02/12

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust III

Active Attorneys ▾
Lead Attorney

DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust I

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust II

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust I

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust II

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust III

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
A-Dec, Inc.

Disposition Events

05/08/2020 Judgment

Judicial Officer
Authority, Administrative

Judgment Type
Judgment - Limited Dismissal

Party
Name: A-Dec, Inc.

07/16/2020 Judgment

Judicial Officer
Chapman, Jennifer

Judgment Type
Judgment - General Dismissal

Party
Names: Austin, G. Kenneth, III

Parrish, Loni L.
Parrish, Scott N.
Austin, Celia S.
Joan D. Austin Share C Trust U/A/D 1/30/09
G. Kenneth Austin III Trust U/A/D 10/21/14
George Kenneth Austin Jr. 2014 Annuity Trust I
Loni L Parrish Trust U/A/D 01/02/13

Scott N. Parrish Irrevocable Trust U/A/D 07/02/12
Loni L. Parrish 2016 Annuity Trust III
Loni L. Parrish 2016 Annuity Trust I
Loni L. Parrish 2016 Annuity Trust II
G. Kenneth Austin III 2016 Annuity Trust I
G. Kenneth Austin III 2016 Annuity Trust II
G. Kenneth Austin III 2016 Annuity Trust III
A-Dec, Inc.

Events and Hearings

09/26/2019 Complaint

09/26/2019 Service ▾

Requested By
Baker, Brett

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

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10/02/2019

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10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

09/30/2019 Motion - Preliminary Injunction

09/30/2019 Declaration

09/30/2019 Declaration

09/30/2019 Declaration

09/30/2019 Letter ▾

Comment
Back Date

10/02/2019 Proof - Service

10/16/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Opposition ▾

Comment
To Plaintiff's Motion for Preliminary Injunction and Order to Show Cause

10/23/2019 Letter ▾

Comment
Back Date

11/01/2019 Motion - Dismissal ▾

Comment
Defendant's Motion to Dismiss For Lack of Subject Matter Jurisdiction

11/01/2019 Declaration

11/05/2019 Reply ▾

Comment
In Support of Plaintiff's Motion for Preliminary Injunction and Order to Show Cause

11/05/2019 Declaration

11/05/2019 Declaration

11/05/2019 Declaration

11/15/2019 Response ▾

Comment
To Defendants' Motion to Dismiss for Lack of Subject Matter Jurisdiction

11/21/2019 Reply ▾

Comment
In Support of Defendants Motion to Dismiss

11/22/2019 Hearing ▾

Judicial Officer
Wiles, Ladd

Hearing Time
1:30 PM

Result
Held

Comment
re: motion for preliminary injunction and motion to dismiss.

Parties Present ▴
Plaintiff

Attorney: JOHNSON, THOMAS RUSSELL

Attorney: Schock, Kevin R

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

11/22/2019 Record - Proceedings ▾

Comment
Motion to dismiss denied but Adec must be filed w/in 2 weeks. Another 2 weeks to respond to amended complaint.

11/22/2019 Declaration

11/22/2019 Declaration

11/22/2019 Declaration

12/06/2019 Complaint - Amended

12/09/2019 Service ▾

Unserved

02/05/2020 Motion

02/05/2020 Declaration

02/06/2020 Order ▾

Judicial Officer	Comment
Wiles, Ladd	Resetting Preliminary Injunction hearing

02/21/2020 Notice - Rule 7 - 63 Day

03/11/2020 Notice

05/08/2020 Digitized Judgment Document

05/08/2020 Notice - Judgment Entry

06/11/2020 Hearing - Status Check ▾

Judicial Officer
Wiles, Ladd

Hearing Time
8:30 AM

Cancel Reason
Stipulated by Parties

07/10/2020 Notice - Rule 7 - 91 Day

07/10/2020 Notice - Dismissal

07/16/2020 Digitized Judgment Document ▾

Judicial Officer
Chapman, Jennifer

07/16/2020 Closed

07/16/2020 Notice - Judgment Entry

Financial

Baker, Brett

Total Financial Assessment				$376.00
Total Payments and Credits				$376.00
9/27/2019	Transaction Assessment			$265.00
9/27/2019	xWeb Accessed eFile	Receipt # 2019-855272	Baker, Brett	($265.00)
10/3/2019	Transaction Assessment			$111.00
10/3/2019	xWeb Accessed eFile	Receipt # 2019-870259	Baker, Brett	($111.00)

Austin, G. Kenneth, III

Total Financial Assessment				$392.00
Total Payments and Credits				$392.00
10/24/2019	Transaction Assessment			$111.00
10/24/2019	xWeb Accessed eFile	Receipt # 2019-938873	Austin, G. Kenneth	($111.00)
11/4/2019	Transaction Assessment			$281.00
11/4/2019	xWeb Accessed eFile	Receipt # 2019-961989	Austin, G. Kenneth	($281.00)

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

11/22/2019 Record - Proceedings ▾

Comment
Motion to dismiss denied but Adec must be filed w/in 2 weeks. Another 2 weeks to respond to amended complaint.

11/22/2019 Declaration

11/22/2019 Declaration

11/22/2019 Declaration

12/06/2019 Complaint - Amended

12/09/2019 Service ▾

Unserved

02/05/2020 Motion

02/05/2020 Declaration

02/06/2020 Order ▾

Judicial Officer	Comment
Wiles, Ladd	Resetting Preliminary Injunction hearing

02/21/2020 Notice - Rule 7 - 63 Day

03/11/2020 Notice

05/08/2020 Digitized Judgment Document

05/08/2020 Notice - Judgment Entry

06/11/2020 Hearing - Status Check ▾

Judicial Officer
Wiles, Ladd

Hearing Time
8:30 AM

Cancel Reason
Stipulated by Parties

07/10/2020 Notice - Rule 7 - 91 Day

07/10/2020 Notice - Dismissal

07/16/2020 Digitized Judgment Document ▾

Judicial Officer
Chapman, Jennifer

07/16/2020 Closed

07/16/2020 Notice - Judgment Entry

Financial

Baker, Brett

Total Financial Assessment				$376.00
Total Payments and Credits				$376.00
9/27/2019	Transaction Assessment			$265.00
9/27/2019	xWeb Accessed eFile	Receipt # 2019-855272	Baker, Brett	($265.00)
10/3/2019	Transaction Assessment			$111.00
10/3/2019	xWeb Accessed eFile	Receipt # 2019-870259	Baker, Brett	($111.00)

Austin, G. Kenneth, III

Total Financial Assessment				$392.00
Total Payments and Credits				$392.00
10/24/2019	Transaction Assessment			$111.00
10/24/2019	xWeb Accessed eFile	Receipt # 2019-938873	Austin, G. Kenneth	($111.00)
11/4/2019	Transaction Assessment			$281.00
11/4/2019	xWeb Accessed eFile	Receipt # 2019-961989	Austin, G. Kenneth	($281.00)

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive/1601 Manufacturers Drive

City Newberg/Fenton State OR/MO Zip 97132/63026

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 503-538-9471/636-282-8735 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Loni Middle Lynn Last Parrish

Alias(es, nicknames, name changes, etc.) in her capacity as Trustee of the Loni L. Parrish Trust u/a/d 1/2/13

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

Mailing Address [redacted] Crestview Drive

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		9/73-6/76	
Address	City	State	Zip
2400 Douglas Avenue	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		9/76-5/81	
Address	City	State	Zip
1500 SW Jefferson St.	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor's of Arts			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/09-present	[redacted]champoeg Road NE	St. Paul	OR	97137
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International, Inc.			8/81-present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Trading Company Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Dental U.K. Ltd.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Global, Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
A-dec, Limited			06/09-present
Business Address	City	State	Zip
Suite 3201 Jardine House, 1 Connaught Place	Central	HK	
Phone	Title		
	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec (Hang Zhou) Dental Equipment Co., Ltd.			12/09-present
Business Address	City	State	Zip
Van Warm Industrial Park, No. 528 Shun Feng Rd.	Qian Jiang Economic Dev. Zone	Hang Zhou CH	
Phone	Title		
	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Springbrook Properties, Inc			1/2/13 - present
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
503-537-1000	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LLP Properties			11/05-present
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LiveRite			06/08-present
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
	Owner		
Description of Duties			

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		Oregon		
Case # 19CV42346		**Governing, licensing, Arresting Presiding Body/Agency/Court** Oregon Circuit Court		
Reason/Charge Corporate dispute				
Plaintiff/Defendant/Claimant/Respondent Brett Baker vs. G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust u/a/d 1/30/09 et al.			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

Applicant's initials

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: Addendum A has been previously provided.

Original Signature (electronic, copies or stamps not accepted)

11/6/22
Date

Applicant's initials

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

Loni Parrish

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/6/22

Date

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

State of Oregon, ss. County of Yamhill

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

Original Signature

1/6/22

Date

Subscribed and Sworn to before me this 6th day of January 2022.

Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials LP

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Dr. / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address)

City / 636-282-8735 State Zip

Telephone 503-538-9471 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Matthew Middle Dwight Last Austin

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

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

Mailing Address [redacted] SW Meadowbrook Ln

City Sherwood State OR Zip 97140

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials MDA

M.D.A.

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

School Name			From - To (MM/YY – MM/YY)
University of Notre Dame			06/07-05/08
Address	**City**	**State**	**Zip**
University of Notre Dame	Notre Dame	IN	46556
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name			From - To (MM/YY – MM/YY)
University of the Pacific			08/98-05/01
Address	**City**	**State**	**Zip**
3601 Stockton Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			

School Name			From - To (MM/YY – MM/YY)
Oregon State University			09/97-08/98
Address	**City**	**State**	**Zip**
	Corvallis	OR	97331
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-Present	[redacted] SW Meadowbrook Ln	Sherwood	OR	97140
05/08-07/15	[redacted] SW Pine Street	Sherwood	OR	97140

M.D.A.

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			05/08-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Director of Corporate Development/Shareholder		

Description of Duties

Oversees Corporate Development Department - Mergers & Acquisitions, Joint Ventures, Partnerships, etc.
Shareholder in family owned business –(shares in A-dec, Inc. acquired 12/19)

Business Name			From - To (MM/YY – MM/YY)
Purple Feather Acres LLC			03/21-Present
Business Address	**City**	**State**	**Zip**
25250 SW Meadowbrook Ln	Sherwood	OR	97140
Phone	**Title**		
(503)625-9505	Co-Owner		

Description of Duties

Assist in the raising and breeding of chickens.

Business Name			From - To (MM/YY – MM/YY)
A F.I.T. LLC			09/10-06/18
Business Address	**City**	**State**	**Zip**
31113 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
503-537-1000	Co-Owner		

Description of Duties

Co-Owner of a personal training/fitness studio

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Shareholder		

Description of Duties

Shareholder in family owned business

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials MDA

M.D.A.

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

Applicant's initials MDA

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: See attached Addendum A

Original Signature (electronic, copies or stamps not accepted)

9/21/2021
Date

Applicant's initials MDA

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A Dec Inc.	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245-6	A-dec Inc		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012 16940	A Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05 1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A -DEC_ INC,	CV99132	WILSON, NINA KAY	A -DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A DEC INC. VS. TEMPLE LTD. ASH	CV95390	A DEC INC	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT OTHER	Case resolved.
OR Multnomah Cir. Ct.	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464 EXA	Adec, Inc		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc	Personal Injury	Case resolved
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Matthew Austin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/2021

Date

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

State of OREGON, ss. County of YAMHILL

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

Original Signature

9/21/2021

Date

Subscribed and Sworn to before me this 21st day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials MDA

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc

Physical Address 2601 Crestview Dr / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address) _____

City _____ / 636-282-8735 State _____ Zip _____

Telephone 503-538-9471 / Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Grant Middle Kenneth Last Austin

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

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

Mailing Address [redacted] SW Bell Rd

City Sherwood State OR Zip 97140

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials GA

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		09/95 - 06/99	
Address	City	State	Zip
2400 Douglas Ave	Newberg	OR	97132
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
The University of Montana		09/99 - 08/03	
Address	City	State	Zip
32 Campus Dr	Missoula	MT	59812
Diploma/Degree obtained, if any			
BS Business Administration			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19-Current	[redacted] SW Bell Rd	Sherwood	OR	97140
06/07-09/19	[redacted] SW Richen Park Cir	Sherwood	OR	97140

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			01/08 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Schools and Government Territory Manager		
Description of Duties			
Selling A-dec solutions to dental education programs and the Federal.			

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			12/19 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Shareholder		
Description of Duties			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials GA

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

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

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below: See attached Addendum A

Original Signature (electronic, copies or stamps not accepted)

9/20/21
Date

Applicant's initials GA

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245-6	A-dec Inc		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A Dec Trading Company Inc.; A Dec Dental UK Ltd	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A -DEC_ INC,	CV99132	WILSON, NINA KAY	A -DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT-OTHER	Case resolved.
OR Multnomah Cir. Ct	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort - General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A DEC INC,	Dental Exchange Inc	Personal Injury	Case resolved
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Grant Austin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

September 20, 2021

Date

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

State of OREGON, ss. County of YAMHILL

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

Original Signature

9/20/21

Date

Subscribed and Sworn to before me this 20th day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc

Physical Address 2601 Crestview Drive / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address)

City 636-282-8735 State Zip

Telephone 503-538-9471 / Website www.adec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Todd Middle David Last Austin

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

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

Mailing Address [redacted] Crestview Dr

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials TA

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

School Name		From - To (MM/YY – MM/YY)	
University of Portland		8/05 – 5/09	
Address	City	State	Zip
5000 N Willamette Blvd	Portland	OR	97203
Diploma/Degree obtained, if any			
BBA Finance			

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		9/01 – 6/05	
Address	City	State	Zip
2400 Douglas Ave	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/11 – Present	[redacted] G Ave	Lake Oswego	OR	97034
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted] 2

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

Business Name: Nike Inc			From - To (MM/YY – MM/YY): 12/10 - Present
Business Address: One Bowerman Drive	City: Beaverton	State: OR	Zip: 97005
Phone: 503-671-6453	Title: APLA Sports Marketing Business Affairs Senior Director		
Description of Duties: Contract negotiation, strategy, compliance			

Business Name: Ader Inc			From - To (MM/YY – MM/YY): 1/19 - Present
Business Address: 2601 Crestview Dr	City: Newberg	State: OR	Zip: 97132
Phone: 503-538-9471	Title: n/a		
Description of Duties: shareholder / owner			

Business Name: Ader International			From - To (MM/YY – MM/YY): 12/18 - Present
Business Address: 2601 Crestview Dr	City: Newberg	State: OR	Zip: 97132
Phone: 503-538-9471	Title: n/a		
Description of Duties: shareholder / owner			

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

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

Continue on next page if additional space is needed.

Applicant's initials

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

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

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

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

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

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

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

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

This is in response to Question # 5. Provide all the following *where applicable*:

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

Provide explanation below:

See addendum A

Original Signature (electronic, copies or stamps not accepted)

9/17/21
Date

Applicant's initials

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A-Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
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Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc.	Personal injury. $75,000.	Case resolved.
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Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A-DEC, INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A-DEC INC.	ASH, TEMPLE LTD		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT-OTHER	Case resolved.
OR Multnomah Cir. Ct.	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort - General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc	Personal Injury	Case resolved.
Oregon Circuit Court	PATSY D SHERMAN VS. A DEC INC	11/15/4202	SHERMAN, PATSY D	A DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Todd Austin
Print Name (First, Last)

Todd D Austin — 9/17/21
Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Oregon, ss. County of Clackamas

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

Todd D Austin — 9/17/21
Original Signature **Date**

Subscribed and Sworn to before me this 17 day of September 2021

OFFICIAL STAMP
CODIE LEE WILSON
NOTARY PUBLIC-OREGON
COMMISSION NO. 984235
MY COMMISSION EXPIRES MARCH 04, 2023

Notary Public Signature

(Seal)

Applicant's initials TA

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address) _____

City _____ 636-282-8735 State _____ Zip _____

Telephone (503)538-9471 /^ Website www.a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Ashley Middle Nicole Last Parrish

Alias(es, nicknames, name changes, etc.) none

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

Mailing Address [redacted]NE North Valley Rd

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials ANP

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

School Name		From - To (MM/YY – MM/YY)	
Gonzaga University		08/04 - 05/08	
Address	**City**	**State**	**Zip**
502 E Boone Ave	Spokane	WA	99258
Diploma/Degree obtained, if any			
Bachelor's of Science, Mechanical Engineering (BSME)			

School Name		From - To (MM/YY – MM/YY)	
St. Paul High School		09/00 - 05/04	
Address	**City**	**State**	**Zip**
20449 Main St NE	St. Paul	OR	97137
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15 - Current	[redacted] NE North Valley Road	Newberg	OR	97132
11/13 - 08/15	[redacted] Vittoria Way	Newberg	OR	97132
9/12 - 11/13	[redacted] Champoeg Road	St. Paul	OR	97137
2010 - 9/12	[redacted] SW Century Drive	Sherwood	OR	97140

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

Business Name			From - To (MM/YY – MM/YY)
A-dec Inc.			05/09 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471 x2333	Product Owner		
Description of Duties			
Product line management for chairs, lights, monitor mounts and upholstery products.			

Business Name			From - To (MM/YY – MM/YY)
A-dec Inc.			12/19 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Shareholder		
Description of Duties			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

Applicant's initials ANP

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

This is in response to Question # 5. Provide all the following *where applicable*:

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

Provide explanation below:

SEE ATTACHED ADDENDUM A

Allen N Pruitt
Original Signature (electronic, copies or stamps not accepted)

21 SEP 2021
Date

Applicant's initials ANP

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc.	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245 6	A-dec Inc.		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05 cv 01728-MO	Tudor Delcey	A-Dec Inc.; A Dec International Inc.; A Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A-Dec Inc. - an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. - a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	LETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A-DEC_ INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
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Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A-DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT OTHER	Case resolved.
OR Multnomah Cir. Ct	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
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OR Yamhill Cir. Ct.	CLYDE GAMEL v. A DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
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Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464 EXA	Adec, Inc		Intellectual Property, Trademark/Trade Name	Case resolved.
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US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
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Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Ashley Parrish

Print Name (First, Last)

A N P

Original Signature (electronic, copies or stamps not accepted)

21SEP2021

Date

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

State of OREGON, ss. County of YAMHILL

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

A N P

Original Signature

21 SEP 2021

Date

Subscribed and Sworn to before me this 21st day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials ANP

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Dr. / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 503/538-9471 / 636-282-8735 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Jessica Middle Danielle Last Wolfer

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

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

Mailing Address P.O. Box [redacted]

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials JW

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

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		08/10 - 06/11	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Master of Science in Education			
School Name		**From - To (MM/YY – MM/YY)**	
Oregon State University		09/06 - 06/10	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Newberg High School		09/02 - 06/06	
Address	**City**	**State**	**Zip**
2400 Douglas Ave.	Newberg	OR	97132
Diploma/Degree obtained, if any			
H.S.			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 - 09/21	[redacted] NE Mountain Home Rd.	Sherwood	OR	97140
06/10 - 05/16	[redacted] NE Haugen Rd.	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name		From - To (MM/YY – MM/YY)
A-dec Inc.		09/21 12/19 - current
Business Address	**City**	**State / Zip**
2601 Crestview Drive	Newberg	OR 97132
Phone	**Title**	
503-538-9471	Shareholder	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
A-dec International		09/21 02/18 - current
Business Address	**City**	**State / Zip**
2601 Crestview Drive	Newberg	OR 97132
Phone	**Title**	
503-538-9471	Shareholder	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Newberg School District		09/12 - 06/13
Business Address	**City**	**State / Zip**
714 E. 6th Street	Newberg	OR 97132
Phone	**Title**	
503-554-5000	Teacher	
Description of Duties		
Biology teacher		

Business Name		From - To (MM/YY – MM/YY)
Beaverton School District		09/11 - 06/12
Business Address	**City**	**State / Zip**
16550 SW Merlo Rd.	Beaverton	OR 97003
Phone	**Title**	
503-356-4500	Teacher	
Description of Duties		
8th grade science		

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 5. Provide all the following *where applicable*:

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

Provide explanation below: See attached Addendum A.

Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

Applicant's initials

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

Jessica Wolfer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

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

State of OREGON, ss. County of YAMHILL

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

Original Signature

9/20/21
Date

Subscribed and Sworn to before me this 20th day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A-Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1-10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245-6	A-dec Inc		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A-Dec Inc. - an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. - a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A-DEC, INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A-DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT-OTHER	Case resolved.
OR Multnomah Cir. Ct.	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort - General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc.	Personal Injury	Case resolved.
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Y

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: A-dec, Inc.

Physical Address: 1601 Manufacturers Drive

City: Fenton State: MO Zip: 63026

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 636-282-8735 Website: www.a-dec.com

Name of Designated Representative (DR): Travis Morgan

Licensing Company Email: regulatory@a-dec.com DR Email: travis.morgan@a-dec.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Dental Schools or Government Entities	☒ Others: Dental Equipment, Supplies, or Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

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

Name: Milwaukee Electronics
Address: 1140 NW 3rd Ave City: Canby State: OR Zip: 97013

Name: Packaging Resources
Address: 12555 SW Tualatin-Sherwood Rd City: Tualatin State: OR Zip: 97062

Name: Vision Plastics
Address: 26000 SW Parkway Center Dr City: Wilsonville State: OR Zip: 97070

Name: East Side Plating
Address: 8400 SE 26th Place City: Portland State: OR Zip: 97202

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Oregon
Parent Company (if any): N/A
Corporation Name: A-dec, Inc.
Mailing Address: 2601 Crestview Drive
City: Newberg State: OR Zip: 97132
Telephone: 503-538-9471 Email: regulatory@a-dec.com
Contact Person Name: Kendra Rathkey

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Kendra Rathkey

Print Name of Authorized Person Submitting Application

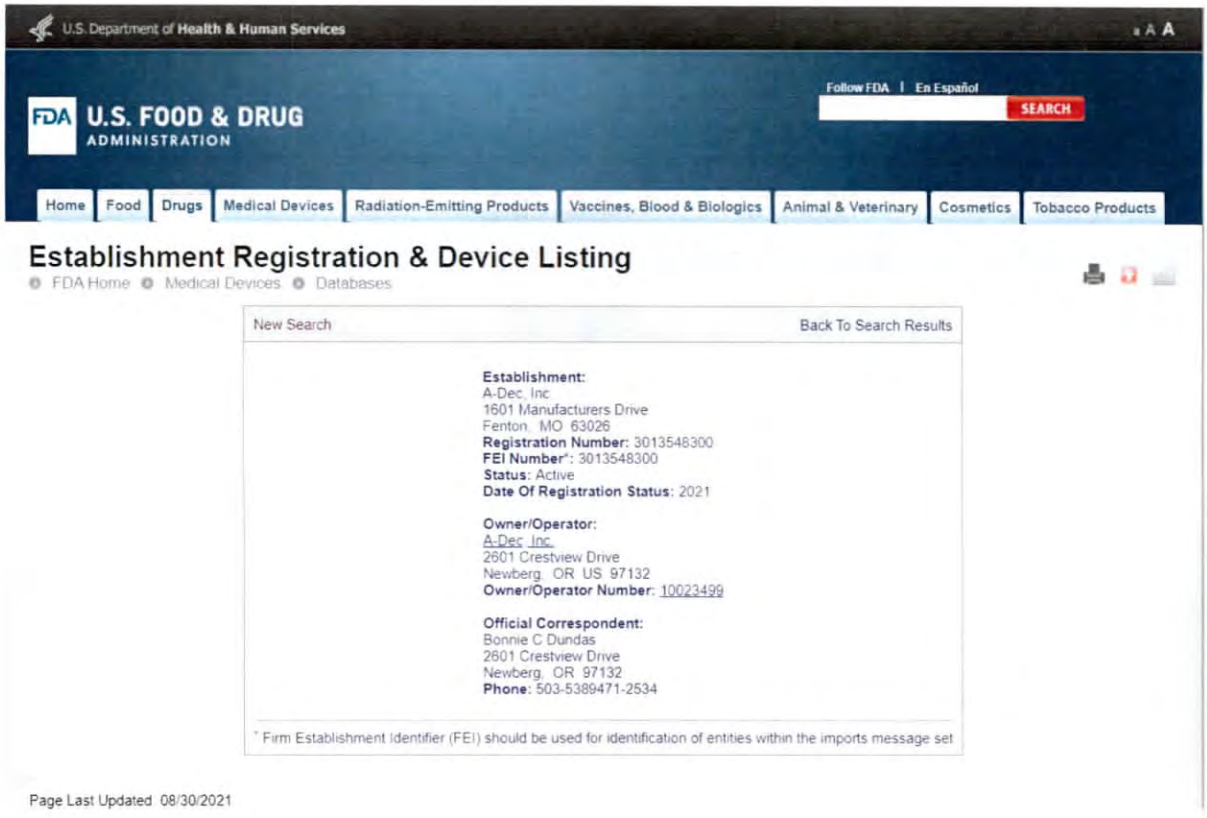
Kendra K. Rathkey

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

9/28/2021

Date

Board Use Only	Date Received: _____	Amount: $500 (cc) Processed 10/7/21



U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

FDA Home > Medical Devices > Databases

New Search | Back To Search Results

Establishment:
A-Dec, Inc.
1601 Manufacturers Drive
Fenton, MO 63026
Registration Number: 3013548300
FEI Number*: 3013548300
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
A-Dec, Inc.
2601 Crestview Drive
Newberg, OR US 97132
Owner/Operator Number: 10023499

Official Correspondent:
Bonnie C Dundas
2601 Crestview Drive
Newberg, OR 97132
Phone: 503-5389471-2534

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated 08/30/2021

Verified M.H 10/7/21

Maria Herrera

From: Henke, Laura <Laura.Henke@pr.mo.gov>
Sent: Monday, October 18, 2021 9:34 AM
To: Kendra Rathkey
Subject: RE: Letter Stating No License Required

Kendra,

The Missouri Board of Pharmacy does not regulate devices that do not contain a drug as part of the device.

Regards,

Laura Henke
Pharmacy and Drug Distributor Coordinator
Missouri Board of Pharmacy
Missouri Department of Commerce & Insurance
Mailing: PO Box 625, Jefferson City, MO 65102
Physical: 3605 Missouri Blvd., Jefferson City, MO 65109
573-526-6985
Fax: 573-526-3464
Laura.Henke@pr.mo.gov
Sign up for BOP news

DCI

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Monday, October 18, 2021 11:19 AM
To: pharmacy@pr.mo.gov
Subject: Letter Stating No License Required

Hi Laura,

Thank you for your time this morning to confirm that the MO Board of Pharmacy (BOP) does not generally regulate facilities that manufacture/distribute medical devices. As we register this facility in other states, some have requested the license from the facility's resident state BOP or an original letter from the 'state agency that licenses drug outlets' stating we do not need a license. Will you please send me a letter to this effect for the following facility:

A-dec, Inc.
1601 Manufacturers Drive
Fenton, MO 63026

This facility manufactures and distributes dental air compressors and dental vacuum systems, which do the following:

- A dental air compressor is intended to provide air pressure to dental devices for use during diagnostic and therapeutic treatment by licensed health care professionals.
- A dental vacuum system is intended to provide suction to dental devices for use during diagnostic and therapeutic treatment by licensed health care professionals.

Please do not hesitate to let me know if you need any further information to process this request.

Best regards,

Kendra Rathkey
DIRECTOR, REGULATORY AFFAIRS
503.538.9471 x2109



State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 530R424Y2

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

A-DEC, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

9/24/2021

Section 9: List of all Officers and Directors.

Name	Title
Scott N. Parrish	Chairman of the Board of Directors & CEO
Marv Nelson	President
Mike Highland	VP, CFO and Treasurer
Lindsey Kantawee	VP, General Counsel and Secretary
Tim Long	VP of Global Sales & Marketing
Larry Martin	VP of Innovation
Mariah Robbins	VP of Global People & Culture
Wes Snyder	VP of Manufacturing
Anthony Woods	VP of Product Development
G. Kenneth Austin III	Assistant Secretary and Assistant Treasurer
Loni L. Parrish	Assistant Secretary and Assistant Treasurer
G. Kenneth Austin III	Director
Loni L. Parrish	Director
Scott N. Parrish	Director
Megan F. Clubb	Director
Steven D. Pratt	Director
Joe Robertson	Director
Bill Stoller	Director

From: Kendra Rathkey
Sent: Monday, January 3, 2022 3:01 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hi Maria,

I have confirmed with our legal department that since we submitted our application, certain transfers of shares have occurred among our family owners, thereby changing our shareholder table from what we originally submitted. I am including below a snapshot of our current shareholder base as of 12/25/21. This snapshot also clearly identifies who the trustees are for each trust.

To fulfill your request to provide personal history forms for the trustees of any trust shareholders, I believe we only need to provide the personal history form for G. Ken Austin III and Loni Parrish, each of whom are trustees of a shareholder trust as reflected below in the highlighted lines. Neither Scott Parrish nor Celia Austin are current trustees of any shareholder trust. The line you highlighted in the attached reflects the name of the trust, but as you can see below Ashley Parrish and Jessica Wolfer are trustees of the Scott and Loni Parrish Family Perpetual Trust (not Scott and Loni Parrish).

Matthew D. Austin, Grant K. Austin and Todd D. Austin, Trustees of the Kenneth and Celia Austin Family Perpetual Trust	Shareholder
Ashley N. Parrish and Jessica D. Wolfer, Trustees of the Scott and Loni Parrish Family Perpetual	Shareholder
G. Kenneth Austin III, Trustee of the G. Kenneth Austin III trust u/a dated 10/21/14	Shareholder
Loni L. Parrish, Trustee of the Loni L. Parrish Trust u/a dated 01/02/13	Shareholder
Matthew D. Austin	Shareholder
Ashley N. Parrish	Shareholder
Jessica D. Wolfer	Shareholder
	Total

As a reminder, we already provided personal history forms for each of the other individuals who either hold shares in their individual capacity or are a trustee of a shareholder trust:

- Ashley Parrish

Hi Mark,

Thank you for your call this morning. Here is the additional information I sent to Maria last week. Please review and let me know if there is anything further you need from A-dec to process our applications. As we discussed, I would like confirmation that our application is complete and we are on the agenda for the next board meeting in March.

Thanks again,

Kendra Rathkey

DIRECTOR, REGULATORY AFFAIRS

503.538.9471 x2109

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Thursday, January 6, 2022 6:08 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hi Maria,

Have you had an opportunity to review this email and answer the open questions (highlighted green below)?

Also, please see attached for the completed personal history forms for Ken and Loni, which apply to both A-dec, Inc facilities (Newberg, OR and Fenton, MO). The originals will be sent tomorrow via UPS to your attention.

Please let me know if there is anything else you need from A-dec to process our applications.

Thank you,

Kendra Rathkey

DIRECTOR, REGULATORY AFFAIRS

503.538.9471 x2109

Section 9: List of all corporation shareholders and their percent ownership.

Name	Title	Ownership Percentage
Kenneth and Celia Austin Family Perpetual Trust	Shareholder, Entity	30.80%
Scott and Loni Parrish Family Perpetual Trust	Shareholder, Entity	30.80%
G. Kenneth Austin III trust u/a dated 10/21/14	Shareholder, Entity	4.55%
Loni L. Parrish Trust u/a dated 01/02/13	Shareholder, Entity	4.55%
G. Kenneth Austin III 2016 Annuity Trust III	Shareholder, Entity	6.27%
Loni L. Parrish 2016 Annuity Trust III	Shareholder, Entity	6.27%
Matthew D. Austin	Shareholder, Individual	2.79%
Grant K. Austin	Shareholder, Individual	2.79%
Todd D. Austin	Shareholder, Individual	2.79%
Ashley N. Parrish	Shareholder, Individual	4.19%
Jessica D. Wolfer	Shareholder, Individual	4.19%

Section 9: A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Name	Function
Warman, Sandra S.	Employee
Henning, William	Employee
Fleming, Everett D.	Employee
Keysor, Sarah L.	Employee
Hertel, Patrick D.	Employee
Rittenberg, Jason S.	Employee
Ashraf, Shaan K.	Employee
Lockhart, Sara N.	Employee
Pendegraft, Alexis C.	Employee
Morris, Stephanie	Employee
Novak, Elizabeth N.	Employee
Morgan, Travis C.	Employee
Bank of America, NA	Lender

GENERAL PURPOSE RIDER

To be attached to and form part of Bond Number 107489459 effective September 15, 2021
issued by the Travelers Casualty and Surety Company of America
in the amount of Twenty Five Thousand and 00/100 Dollars ($25,000.00) DOLLARS,
on behalf of A-Dec, Inc.
as Principal and in favor of State of Nevada and the Nevada State Board of Pharmacy
as Obligee:

Now, Therefore, it is agreed that:

This Bond applies to the following A-Dec, Inc. locations:

- 2601 Crestview Drive, Newberg Oregon 97132
- 1601 Manufacturers Drive, Fenton, Missouri, 63026

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This rider is to be effective the 15th day of September, 2021.

Signed, sealed and dated this 24th day of September, 2021.

A-Dec, Inc.
(Principal)
By: _____

Travelers Casualty and Surety Company of America
(Surety)
By: _____
Ian J. Campbell, Attorney-in-Fact

Accepted By:

_____

_____

Form F5340

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Ian J. Campbell** of **PORTLAND**, **Oregon**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **24th** day of **September**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Ian J. Campbell** of **PORTLAND**, **Oregon**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **14th** day of **September**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107489459

Application/License No. _____

A-Dec, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2601 Crestview Drive, Newberg, OR 97132 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 14th day of September, 20 21.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Ian J. Campbell, Attorney-In-fact
print name

SIGNED and SEALED in the presence of:

Witness Gary McCann

Witness Sherry Campbell

Countersigned by:

N/A
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler A-dec Inc

Physical Address 1601 Manufacturers Drive

City Fenton State MO Zip 63026

Mailing Address (if different from physical address) 1601 Manufacturers Drive

City Fenton State MO Zip 63026

Telephone 636-282-8735 Website www.a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Travis Middle Craig Last Morgan

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

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

Mailing Address [redacted] Ironwood DR

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials TCM

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

School Name		From - To (MM/YY – MM/YY)	
Madras High School		09/96-06-00	
Address	City	State	Zip
390 SE !0th Street	Madras	OR	97741
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
George Fox University		09/00-06/04	
Address	City	State	Zip
414 N Meridian Street	Newberg	OR	97132
Diploma/Degree obtained, if any			
B.A. Music			

School Name		From - To (MM/YY – MM/YY)	
George Fox University		09/09-12/11	
Address	City	State	Zip
414 N Meridian Street	Newberg	OR	97132
Diploma/Degree obtained, if any			
M.B.A.			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-Present	[redacted] Ironwood DR	Newberg	OR	97132
10/06-06/15	[redacted] Little Oak Street	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TCM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			03/21-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Human Resources Business Partner - Manufacturing		1088

Description of Duties

Manage & resolve complex employee relations issues, provide day to day performance management guidance to business unit leaders, participate & provide input on business unit restructures, workforce planning, succession planning

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			04/18-03/21
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Shipping Supervisor		6160

Description of Duties

Scheduling work, supervise shipping team, oversee inventory controls, coordinate shipping assignments with carriers, maintain training

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			12/16-04/18
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		**Number of Employed Hours**
503-537-2827	Production Supervisor		2800

Description of Duties

Supervise powder coat production line, maintaining production quality, controls, and staffing to meet production demands.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials TCM

N/A

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

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

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

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

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

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

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

N/A

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

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

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

Provide explanation below:

_____ _____

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

Applicant's initials TCM

I, Travis Craig Morgan, **certify that as the designated representative for**

A-dec, Inc.,

that I am qualified as follows and will comply with the following:

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

Travis Craig Morgan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2021

Date

Applicant's initials TCM

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

Travis Craig Morgan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2021
Date

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

State of Oregon, ss. County of Yamhill

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

Original Signature

9/27/2021
Date

Subscribed and Sworn to before me this 27th day of September, 2021

Valerie Katzler
Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials TCM

Mark I. Sedar

From: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Sent: Monday, January 10, 2022 1:29 PM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

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

Hi Mark,

Here is a summary of the case:

> Brett Baker, a former employee (President) of the Austin-Parrish family office, filed a lawsuit in September 2019 against plaintiffs asserting voting control of A-dec, Inc. Baker shortly thereafter filed a motion for a preliminary injunction and a hearing was held in November 2019. No decision was issued and the preliminary injunction was not granted at the November hearing. A-dec, Inc. was added to the lawsuit subsequent to the initial filing as a nominal defendant. The parties reached a confidential settlement agreement, and the lawsuit was dismissed.

Please let me know if there is anything further you need to support our applications.

Thank you,
Kendra Rathkey
DIRECTOR, REGULATORY AFFAIRS
503.538.9471 x2109

a-dec
reliablecreativesolutions

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, January 10, 2022 11:54 AM
To: Kendra Rathkey <Kendra.Rathkey@a-dec.com>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-Of-State Wholesaler Application- A-dec, Inc.

Hello Kendra,

Can you provide additional information concerning the response to Question 4 on both applications? Our board will want to understand the details of the case.

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive/1601 Manufacturers Drive

City Newberg/Fenton State OR/MO Zip 97132/63026

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 503-538-9471/636-282-8735 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First George Middle Kenneth Last Austin III

Alias(es, nicknames, name changes, etc.) in his capacity as Trustee of the G. Kenneth Austin III Trust u/a/d 10/21/14

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

Mailing Address [redacted] Crestview Drive

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials G. K. A. 1

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		09/68-05/71	
Address	City	State	Zip
2400 Douglas Avenue	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/72-05/77	
Address	City	State	Zip
1500 SW Jefferson St.	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor's of Science in Business			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/87-present	[redacted]erd Road	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted]2

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International, Inc.			8/81-present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Trading Company Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Dental U.K. Ltd.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Global, Inc.			10/21/14 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials  3

Business Name		From - To (MM/YY – MM/YY)	
A-dec, Limited		06/09-present	
Business Address	City	State	Zip
Suite 3201 Jardine House, 1 Connaught Place	Central, HK		
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
A-dec (Hang Zhou) Dental Equipment Co., Ltd.		12/09-present	
Business Address	City	State	Zip
Van Warm Industrial Park, No. 528 Shun Feng Rd.	Qian Jiang Economic Dev. Zone	Hang Zhou CH	
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Springbrook Properties, Inc.		10/21/14 - present	
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
503-537-1000	Trustee of the shareholder trust G. Kenneth Austin III u/a/d 10/21/14		
Description of Duties			

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

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

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

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

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		Oregon		
Case # 19CV42346		**Governing, licensing, Arresting Presiding Body/Agency/Court** Oregon Circuit Court		
Reason/Charge Corporate dispute				
Plaintiff/Defendant/Claimant/Respondent Brett Baker vs. G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust u/a/d 1/30/09 et al.			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

G. Kenneth Austin
Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

Applicant's initials GKA

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: Addendum A has been previously provided.

N. Kenneth Austin

Original Signature (electronic, copies or stamps not accepted)

1/6/22

Date

Applicant's initials NKA

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

G. Kenneth Austin III
Print Name (First, Last)

G. Kenneth Austin III
Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

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

State of Oregon, ss. County of Yamhill

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

G. Kenneth Austin III
Original Signature

1/6/22
Date

Subscribed and Sworn to before me this 6th day of January, 2022

Valerie Katzler
Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials GKAus

Case Information

19CV42346 | Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.

Case Number	Court	
19CV42346	Yamhill	
File Date	Case Type	Case Status
09/26/2019	Injunctive Relief	Closed

Party

Plaintiff
Baker, Brett

Active Attorneys▾
Lead Attorney
JOHNSON, THOMAS RUSSELL
Retained

Attorney
Choi, Edward
Retained

Attorney
Schock, Kevin R
Retained

Defendant
Austin, G. Kenneth, III

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Parrish, Loni L.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Parrish, Scott N.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Austin, Celia S.

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney

Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Joan D. Austin Share C Trust U/A/D 1/30/09

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III Trust U/A/D 10/21/14

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
George Kenneth Austin Jr. 2014 Annuity Trust I

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L Parrish Trust U/A/D 01/02/13

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Scott N. Parrish Irrevocable Trust U/A/D 07/02/12

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust III

Active Attorneys ▾
Lead Attorney

DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust I

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
Loni L. Parrish 2016 Annuity Trust II

Active Attorneys▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust I

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust II

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
G. Kenneth Austin III 2016 Annuity Trust III

Active Attorneys ▾
Lead Attorney
DONOHUE, J MATTHEW
Retained

Attorney
Armstrong, Shannon Lea
Retained

Attorney
Armstrong, Shannon Lea
Retained

Defendant
A-Dec, Inc.

Disposition Events

05/08/2020 Judgment

Judicial Officer
Authority, Administrative

Judgment Type
Judgment - Limited Dismissal

Party
Name: A-Dec, Inc.

07/16/2020 Judgment

Judicial Officer
Chapman, Jennifer

Judgment Type
Judgment - General Dismissal

Party
Names: Austin, G. Kenneth, III

Parrish, Loni L.
Parrish, Scott N.
Austin, Celia S.
Joan D. Austin Share C Trust U/A/D 1/30/09
G. Kenneth Austin III Trust U/A/D 10/21/14
George Kenneth Austin Jr. 2014 Annuity Trust I
Loni L Parrish Trust U/A/D 01/02/13

Scott N. Parrish Irrevocable Trust U/A/D 07/02/12
Loni L. Parrish 2016 Annuity Trust III
Loni L. Parrish 2016 Annuity Trust I
Loni L. Parrish 2016 Annuity Trust II
G. Kenneth Austin III 2016 Annuity Trust I
G. Kenneth Austin III 2016 Annuity Trust II
G. Kenneth Austin III 2016 Annuity Trust III
A-Dec, Inc.

Events and Hearings

09/26/2019 Complaint

09/26/2019 Service ▾

Requested By
Baker, Brett

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

Served
10/02/2019

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10/02/2019

Served
10/02/2019

09/30/2019 Motion - Preliminary Injunction

09/30/2019 Declaration

09/30/2019 Declaration

09/30/2019 Declaration

09/30/2019 Letter ▾

Comment
Back Date

10/02/2019 Proof - Service

10/16/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Declaration

10/23/2019 Opposition ▾

Comment
To Plaintiff's Motion for Preliminary Injunction and Order to Show Cause

10/23/2019 Letter ▾

Comment
Back Date

11/01/2019 Motion - Dismissal ▾

Comment
Defendant's Motion to Dismiss For Lack of Subject Matter Jurisdiction

11/01/2019 Declaration

11/05/2019 Reply ▾

Comment
In Support of Plaintiff's Motion for Preliminary Injunction and Order to Show Cause

11/05/2019 Declaration

11/05/2019 Declaration

11/05/2019 Declaration

11/15/2019 Response ▾

Comment
To Defendants' Motion to Dismiss for Lack of Subject Matter Jurisdiction

11/21/2019 Reply ▾

Comment
In Support of Defendants Motion to Dismiss

11/22/2019 Hearing ▾

Judicial Officer
Wiles, Ladd

Hearing Time
1:30 PM

Result
Held

Comment
re: motion for preliminary injunction and motion to dismiss.

Parties Present ▴
Plaintiff

Attorney: JOHNSON, THOMAS RUSSELL

Attorney: Schock, Kevin R

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

11/22/2019 Record - Proceedings ▾

Comment
Motion to dismiss denied but Adec must be filed w/in 2 weeks. Another 2 weeks to respond to amended complaint.

11/22/2019 Declaration

11/22/2019 Declaration

11/22/2019 Declaration

12/06/2019 Complaint - Amended

12/09/2019 Service ▾

Unserved

02/05/2020 Motion

02/05/2020 Declaration

02/06/2020 Order ▾

Judicial Officer	Comment
Wiles, Ladd	Resetting Preliminary Injunction hearing

02/21/2020 Notice - Rule 7 - 63 Day

03/11/2020 Notice

05/08/2020 Digitized Judgment Document

05/08/2020 Notice - Judgment Entry

06/11/2020 Hearing - Status Check ▾

Judicial Officer
Wiles, Ladd

Hearing Time
8:30 AM

Cancel Reason
Stipulated by Parties

07/10/2020 Notice - Rule 7 - 91 Day

07/10/2020 Notice - Dismissal

07/16/2020 Digitized Judgment Document ▾

Judicial Officer
Chapman, Jennifer

07/16/2020 Closed

07/16/2020 Notice - Judgment Entry

Financial

Baker, Brett

Total Financial Assessment				$376.00
Total Payments and Credits				$376.00
9/27/2019	Transaction Assessment			$265.00
9/27/2019	xWeb Accessed eFile	Receipt # 2019-855272	Baker, Brett	($265.00)
10/3/2019	Transaction Assessment			$111.00
10/3/2019	xWeb Accessed eFile	Receipt # 2019-870259	Baker, Brett	($111.00)

Austin, G. Kenneth, III

Total Financial Assessment				$392.00
Total Payments and Credits				$392.00
10/24/2019	Transaction Assessment			$111.00
10/24/2019	xWeb Accessed eFile	Receipt # 2019-938873	Austin, G. Kenneth	($111.00)
11/4/2019	Transaction Assessment			$281.00
11/4/2019	xWeb Accessed eFile	Receipt # 2019-961989	Austin, G. Kenneth	($281.00)

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

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Attorney: Armstrong, Shannon Lea

Defendant

Attorney: DONOHUE, J MATTHEW

Attorney: Armstrong, Shannon Lea

Attorney: Armstrong, Shannon Lea

11/22/2019 Record - Proceedings ▾

Comment
Motion to dismiss denied but Adec must be filed w/in 2 weeks. Another 2 weeks to respond to amended complaint.

11/22/2019 Declaration

11/22/2019 Declaration

11/22/2019 Declaration

12/06/2019 Complaint - Amended

12/09/2019 Service ▾

Unserved

02/05/2020 Motion

02/05/2020 Declaration

02/06/2020 Order ▾

Judicial Officer	Comment
Wiles, Ladd	Resetting Preliminary Injunction hearing

02/21/2020 Notice - Rule 7 - 63 Day

03/11/2020 Notice

05/08/2020 Digitized Judgment Document

05/08/2020 Notice - Judgment Entry

06/11/2020 Hearing - Status Check ▾

Judicial Officer
Wiles, Ladd

Hearing Time
8:30 AM

Cancel Reason
Stipulated by Parties

07/10/2020 Notice - Rule 7 - 91 Day

07/10/2020 Notice - Dismissal

07/16/2020 Digitized Judgment Document ▾

Judicial Officer
Chapman, Jennifer

07/16/2020 Closed

07/16/2020 Notice - Judgment Entry

Financial

Baker, Brett

Total Financial Assessment				$376.00
Total Payments and Credits				$376.00
9/27/2019	Transaction Assessment			$265.00
9/27/2019	xWeb Accessed eFile	Receipt # 2019-855272	Baker, Brett	($265.00)
10/3/2019	Transaction Assessment			$111.00
10/3/2019	xWeb Accessed eFile	Receipt # 2019-870259	Baker, Brett	($111.00)

Austin, G. Kenneth, III

Total Financial Assessment				$392.00
Total Payments and Credits				$392.00
10/24/2019	Transaction Assessment			$111.00
10/24/2019	xWeb Accessed eFile	Receipt # 2019-938873	Austin, G. Kenneth	($111.00)
11/4/2019	Transaction Assessment			$281.00
11/4/2019	xWeb Accessed eFile	Receipt # 2019-961989	Austin, G. Kenneth	($281.00)

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive/1601 Manufacturers Drive

City Newberg/Fenton State OR/MO Zip 97132/63026

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 503-538-9471/636-282-8735 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Loni Middle Lynn Last Parrish

Alias(es, nicknames, name changes, etc.) in her capacity as Trustee of the Loni L. Parrish Trust u/a/d 1/2/13

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

Mailing Address [redacted] Crestview Drive

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		9/73-6/76	
Address	City	State	Zip
2400 Douglas Avenue	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		9/76-5/81	
Address	City	State	Zip
1500 SW Jefferson St.	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor's of Arts			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/09-present	[redacted]champoeg Road NE	St. Paul	OR	97137
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International, Inc.			8/81-present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Trading Company Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Dental U.K. Ltd.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec Global, Inc.			1/2/13 - present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13 Assistant Secretary, Assistant Treasurer and Director		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)	
A-dec, Limited		06/09-present	
Business Address	City	State	Zip
Suite 3201 Jardine House, 1 Connaught Place	Central	HK	
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
A-dec (Hang Zhou) Dental Equipment Co., Ltd.		12/09-present	
Business Address	City	State	Zip
Van Warm Industrial Park, No. 528 Shun Feng Rd.	Qian Jiang Economic Dev. Zone	Hang Zhou CH	
Phone	Title		
	Director		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Springbrook Properties, Inc		1/2/13 - present	
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
503-537-1000	Trustee of the shareholder trust Loni L. Parrish Trust u/a/d 1/2/13		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
LLP Properties		11/05-present	
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
	Owner		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
LiveRite		06/08-present	
Business Address	City	State	Zip
3113 Crestview Drive	Newberg	OR	97132
Phone	Title		
	Owner		
Description of Duties			

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		Oregon		
Case # 19CV42346		**Governing, licensing, Arresting Presiding Body/Agency/Court** Oregon Circuit Court		
Reason/Charge Corporate dispute				
Plaintiff/Defendant/Claimant/Respondent Brett Baker vs. G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust u/a/d 1/30/09 et al.			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

Applicant's initials

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: Addendum A has been previously provided.

Original Signature (electronic, copies or stamps not accepted)

11/6/22
Date

Applicant's initials

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

Loni Parrish
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/6/22
Date

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

State of Oregon, ss. County of Yamhill

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

Original Signature

1/6/22
Date

Subscribed and Sworn to before me this 6th day of January 2022.

Notary Public Signature

OFFICIAL STAMP
VALERIE KATZLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 991414
MY COMMISSION EXPIRES SEPT. 19, 2023

(Seal)

Applicant's initials LP

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Dr. / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address)

City / 636-282-8735 State Zip

Telephone 503-538-9471 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Matthew Middle Dwight Last Austin

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

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

Mailing Address [redacted] SW Meadowbrook Ln

City Sherwood State OR Zip 97140

Telephone [redacted] Email matt.austin@a-dec.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials MDA

M.D.A.

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

School Name			From - To (MM/YY – MM/YY)
University of Notre Dame			06/07-05/08
Address	**City**	**State**	**Zip**
University of Notre Dame	Notre Dame	IN	46556
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name			From - To (MM/YY – MM/YY)
University of the Pacific			08/98-05/01
Address	**City**	**State**	**Zip**
3601 Stockton Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration			

School Name			From - To (MM/YY – MM/YY)
Oregon State University			09/97-08/98
Address	**City**	**State**	**Zip**
	Corvallis	OR	97331
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-Present	[redacted] SW Meadowbrook Ln	Sherwood	OR	97140
05/08-07/15	[redacted] SW Pine Street	Sherwood	OR	97140

Applicant's initials MDA

M.D.A.

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc.			05/08-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Director of Corporate Development/Shareholder		
Description of Duties			
Oversees Corporate Development Department - Mergers & Acquisitions, Joint Ventures, Partnerships, etc. Shareholder in family owned business –(shares in A-dec, Inc. acquired 12/19)			

Business Name			From - To (MM/YY – MM/YY)
Purple Feather Acres LLC			03/21-Present
Business Address	**City**	**State**	**Zip**
25250 SW Meadowbrook Ln	Sherwood	OR	97140
Phone	**Title**		
(503)625-9505	Co-Owner		
Description of Duties			
Assist in the raising and breeding of chickens.			

Business Name			From - To (MM/YY – MM/YY)
A F.I.T. LLC			09/10-06/18
Business Address	**City**	**State**	**Zip**
31113 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
503-537-1000	Co-Owner		
Description of Duties			
Co-Owner of a personal training/fitness studio			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18-Present
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Shareholder		
Description of Duties			
Shareholder in family owned business			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

Applicant's initials MDA

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below: See attached Addendum A

Original Signature (electronic, copies or stamps not accepted)

9/21/2021
Date

Applicant's initials MDA

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A Dec Inc.	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245-6	A-dec Inc		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012 16940	A Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05 1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A -DEC_ INC,	CV99132	WILSON, NINA KAY	A -DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A DEC INC. VS. TEMPLE LTD. ASH	CV95390	A DEC INC	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT OTHER	Case resolved.
OR Multnomah Cir. Ct.	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464 EXA	Adec, Inc		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc	Personal Injury	Case resolved
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Matthew Austin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/2021

Date

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

State of OREGON, ss. County of YAMHILL

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

Original Signature

9/21/2021

Date

Subscribed and Sworn to before me this 21st day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials MDA

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc

Physical Address 2601 Crestview Dr / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address)

City / 636-282-8735 State Zip

Telephone 503-538-9471 / Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Grant Middle Kenneth Last Austin

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

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

Mailing Address [redacted] SW Bell Rd

City Sherwood State OR Zip 97140

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials GA

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

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		09/95 - 06/99	
Address	City	State	Zip
2400 Douglas Ave	Newberg	OR	97132
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
The University of Montana		09/99 - 08/03	
Address	City	State	Zip
32 Campus Dr	Missoula	MT	59812
Diploma/Degree obtained, if any			
BS Business Administration			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19-Current	[redacted] SW Bell Rd	Sherwood	OR	97140
06/07-09/19	[redacted] SW Richen Park Cir	Sherwood	OR	97140

Applicant's initials [signature]

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

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			01/08 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Schools and Government Territory Manager		
Description of Duties			
Selling A-dec solutions to dental education programs and the Federal.			

Business Name			From - To (MM/YY – MM/YY)
A-dec, Inc			12/19 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
800-547-1883	Shareholder		
Description of Duties			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below: See attached Addendum A

Original Signature (electronic, copies or stamps not accepted)

9/20/21
Date

Applicant's initials GA

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
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Yamhill County Circuit Court	Janice K Edwards v. A DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc	Personal injury. $75,000.	Case resolved.
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Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A Dec Trading Company Inc.; A Dec Dental UK Ltd	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
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Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A -DEC_ INC,	CV99132	WILSON, NINA KAY	A -DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT-OTHER	Case resolved.
OR Multnomah Cir. Ct	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort - General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
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Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A DEC INC,	Dental Exchange Inc	Personal Injury	Case resolved
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Grant Austin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

September 20, 2021

Date

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

State of OREGON, ss. County of YAMHILL

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

Original Signature

9/20/21

Date

Subscribed and Sworn to before me this 20th day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials GA

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc

Physical Address 2601 Crestview Drive / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address)

City 636-282-8735 State Zip

Telephone 503-538-9471 / Website www.adec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Todd Middle David Last Austin

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

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

Mailing Address [redacted] Crestview Dr

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials TA

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

School Name		From - To (MM/YY – MM/YY)	
University of Portland		8/05 – 5/09	
Address	City	State	Zip
5000 N Willamette Blvd	Portland	OR	97203
Diploma/Degree obtained, if any			
BBA Finance			

School Name		From - To (MM/YY – MM/YY)	
Newberg High School		9/01 – 6/05	
Address	City	State	Zip
2400 Douglas Ave	Newberg	OR	97132
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/11 – Present	[redacted] G Ave	Lake Oswego	OR	97034
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted] 2

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

Business Name: Nike Inc			From - To (MM/YY – MM/YY): 12/10 - Present
Business Address: One Bowerman Drive	City: Beaverton	State: OR	Zip: 97005
Phone: 503-671-6453	Title: APLA Sports Marketing Business Affairs Senior Director		
Description of Duties: Contract negotiation, strategy, compliance			

Business Name: Ader Inc			From - To (MM/YY – MM/YY): 1/19 - Present
Business Address: 2601 Crestview Dr	City: Newberg	State: OR	Zip: 97132
Phone: 503-538-9471	Title: n/a		
Description of Duties: shareholder/owner			

Business Name: Ader International			From - To (MM/YY – MM/YY): 12/18 - Present
Business Address: 2601 Crestview Dr	City: Newberg	State: OR	Zip: 97132
Phone: 503-538-9471	Title: n/a		
Description of Duties: shareholder/owner			

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

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

Continue on next page if additional space is needed.

Applicant's initials

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

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

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

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

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

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

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

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

This is in response to Question # 5. Provide all the following *where applicable*:

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

Provide explanation below:

See addendum A

Original Signature (electronic, copies or stamps not accepted)

9/17/21
Date

Applicant's initials

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A-Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc.	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al Vs State Of Washinton	12-2-19245-6	A dec Inc.		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A Dec Inc. an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
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Oregon Circuit Court	NINA KAY WILSON VS. A-DEC, INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

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Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
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Oregon Circuit Court	PATSY D SHERMAN VS. A DEC INC	11/15/4202	SHERMAN, PATSY D	A DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Todd Austin
Print Name (First, Last)

Todd D Austin — 9/17/21
Original Signature (electronic, copies or stamps not accepted) Date

---

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

State of Oregon, ss. County of Clackamas

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

Todd D Austin — 9/17/21
Original Signature **Date**

Subscribed and Sworn to before me this 17 day of September 2021

OFFICIAL STAMP
CODIE LEE WILSON
NOTARY PUBLIC-OREGON
COMMISSION NO. 984235
MY COMMISSION EXPIRES MARCH 04, 2023

Notary Public Signature

(Seal)

Applicant's initials TA

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Drive / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address) _____

City _____ 636-282-8735 State _____ Zip _____

Telephone (503)538-9471 /^ Website www.a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Ashley Middle Nicole Last Parrish

Alias(es, nicknames, name changes, etc.) none

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

Mailing Address [redacted] NE North Valley Rd

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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

Applicant's initials ANP

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

School Name		From - To (MM/YY – MM/YY)	
Gonzaga University		08/04 - 05/08	
Address	**City**	**State**	**Zip**
502 E Boone Ave	Spokane	WA	99258
Diploma/Degree obtained, if any			
Bachelor's of Science, Mechanical Engineering (BSME)			

School Name		From - To (MM/YY – MM/YY)	
St. Paul High School		09/00 - 05/04	
Address	**City**	**State**	**Zip**
20449 Main St NE	St. Paul	OR	97137
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15 - Current	[redacted]NE North Valley Road	Newberg	OR	97132
11/13 - 08/15	[redacted]Vittoria Way	Newberg	OR	97132
9/12 - 11/13	[redacted]Champoeg Road	St. Paul	OR	97137
2010 - 9/12	[redacted]SW Century Drive	Sherwood	OR	97140

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

Business Name			From - To (MM/YY – MM/YY)
A-dec Inc.			05/09 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471 x2333	Product Owner		
Description of Duties			
Product line management for chairs, lights, monitor mounts and upholstery products.			

Business Name			From - To (MM/YY – MM/YY)
A-dec Inc.			12/19 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			02/18 - Current
Business Address	**City**	**State**	**Zip**
2601 Crestview Dr	Newberg	OR	97132
Phone	**Title**		
(503)538-9471	Shareholder		
Description of Duties			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials ANP

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

Applicant's initials ANP

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

This is in response to Question # 5. Provide all the following *where applicable*:

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

Provide explanation below:

SEE ATTACHED ADDENDUM A

Allen N Pruitt
Original Signature (electronic, copies or stamps not accepted)

21 SEP 2021
Date

Applicant's initials ANP

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1 10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc.	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245 6	A-dec Inc.		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05 cv 01728-MO	Tudor Delcey	A-Dec Inc.; A Dec International Inc.; A Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A-Dec Inc. - an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. - a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc.	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	LETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A-DEC_ INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A-DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT OTHER	Case resolved.
OR Multnomah Cir. Ct	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Coort	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464 EXA	Adec, Inc		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco Internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc.	Personal Injury	Case resolved.
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

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

Ashley Parrish

Print Name (First, Last)

A N P

Original Signature (electronic, copies or stamps not accepted)

21SEP2021

Date

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

State of OREGON, ss. County of YAMHILL

I, ASHLEY PARRISH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

A N P

Original Signature

21 SEP 2021

Date

Subscribed and Sworn to before me this 21st day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials ANP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler A-dec, Inc.

Physical Address 2601 Crestview Dr. / 1601 Manufacturers Dr.

City Newberg / Fenton State OR / MO Zip 97132 / 63026

Mailing Address (if different from physical address) _____

City _____ / 636-282-8735 State _____ Zip _____

Telephone 503/538-9471 Website a-dec.com

Licensing Company Email regulatory@a-dec.com

Section 2: Personal Information

First Jessica Middle Danielle Last Wolfer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address P.O. Box [redacted]

City Newberg State OR Zip 97132

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		08/10 - 06/11	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Master of Science in Education			
School Name		**From - To (MM/YY – MM/YY)**	
Oregon State University		09/06 - 06/10	
Address	**City**	**State**	**Zip**
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Newberg High School		09/02 - 06/06	
Address	**City**	**State**	**Zip**
2400 Douglas Ave.	Newberg	OR	97132
Diploma/Degree obtained, if any			
H.S.			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 - 09/21	[redacted] NE Mountain Home Rd.	Sherwood	OR	97140
06/10 - 05/16	[redacted] NE Haugen Rd.	Newberg	OR	97132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
A-dec Inc.			09/21 12/19 - current
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-dec International			09/21 02/18 - current
Business Address	**City**	**State**	**Zip**
2601 Crestview Drive	Newberg	OR	97132
Phone	**Title**		
503-538-9471	Shareholder		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Newberg School District			09/12 - 06/13
Business Address	**City**	**State**	**Zip**
714 E. 6th Street	Newberg	OR	97132
Phone	**Title**		
503-554-5000	Teacher		
Description of Duties			
Biology teacher			

Business Name			From - To (MM/YY – MM/YY)
Beaverton School District			09/11 - 06/12
Business Address	**City**	**State**	**Zip**
16550 SW Merlo Rd.	Beaverton	OR	97003
Phone	**Title**		
503-356-4500	Teacher		
Description of Duties			
8th grade science			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: See attached Addendum A.

Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Wolfer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/21
Date

Please have this section completed in the presence of a Notary Public.

State of OREGON, ss. County of YAMHILL

I, Jessica Wolfer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/21
Date

Subscribed and Sworn to before me this 20th day of September 2021

Notary Public Signature

OFFICIAL STAMP
ROBERTA SELVY
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014717
MY COMMISSION EXPIRES JULY 19, 2025

(Seal)

Applicant's initials

Addendum A

Court	Case Title	Case Number	Plaintiffs	Defendants	Summary, if available to A-dec	Resolution
Court of International Trade	A-DEC INC. V. UNITED STATES ET AL	1:21cv417	A-Dec Inc.	United States; Office Of The United States Trade Representative; US Trade Rep. Katherine Tai; United States Customs And Border Protection; Acting Commissioner Troy A. Miller	Complaint to contest a determination on goods from China.	Ongoing.
USDC Oregon	A-Dec, Inc. v. W&H Dentalwerk Burmoos GES. M.B.H.	3:20cv1679	A-dec Inc.	WH Dentalwerk Burmoos GmbH, an Austrian company	Contract. Defendant breached a partnership and cooperation agreement. $5.6 million.	Ongoing.
Oregon Circuit Court	Brett Baker vs G. Kenneth Austin, III, Loni L. Parrish, Scott N. Parrish, Celia S. Austin, Joan D. Austin Share C Trust U/A/D 1/30/09etal.	19CV42346	Baker, Brett	Parrish, Scott N. / Austin, Celia S. / Loni L Parrish Trust U/A/D 01/02/13 / G. Kenneth Austin III 2016 Annuity Trust II / George Kenneth Austin Jr. 2014 Annuity Trust I / G. Kenneth Austin III Trust U/A/D 10/21/14 / Joan D. Austin Share C Trust U/A/D 1/30/09 / Scott N. Parrish Irrevocable Trust U/A/D 07/02/12 / Loni L. Parrish 2016 Annuity Trust III / Loni L. Parrish 2016 Annuity Trust II / Parrish, Loni L. / Austin, G. Kenneth, III / G. Kenneth Austin III 2016 Annuity Trust I / G. Kenneth Austin III 2016 Annuity Trust III / A-Dec, Inc. / Baker, Brett / Loni L. Parrish 2016 Annuity Trust I	Corporate dispute.	Case resolved.
Pasco County Circuit Court		2019CA003167ws	A-Dec Inc.	Webco Dental and Medical Supplies	Foreign judgment.	Case resolved.
Multnomah County Circuit Court	A-dec, Inc v. WEBCO Dental and Medical Supplies, Inc	19CV14466	A-Dec Inc.	Webco Dental and Medical Supplies Inc., a Florida corporation	Contract. Defendant refused to pay for goods and services. $342,000.	Case resolved.
USDC Northern District of Illinois	TGR Intellectual Properties, LLC et al v. A-Dec, Inc.	1:16cv11131	TGR Intellectual Properties LLC; Flexview Systems LLC	A-dec Inc.	Patent. Defendant infringed plaintiffs' U.S. Patent Nos. 8,201,781, 8,403,274, 8,702,045 and 9,256,911 by making and selling dental monitor mount systems.	Case resolved.
San Mateo County Superior Court	Showaihat v. The Burkhard Dental Supply Co.; A-DEC Inc.	CIV536851	Linda Showaihat	The Burkhardt Dental Supply Co.; A-DEC Inc.; Does	Warranty. Defendant took twice as long as promised to install technical equipment that now has had numerous performance problems that have not been adequately fixed.	Case resolved.
California Superior Court	Tarik Omari vs. A-Dec Inc, an Oregon Corporation, Docket No. 2014-00164155 (Cal. Super. Ct. May 29, 2014), Court Docket	2014-00164155	Omari, Tarik	A-Dec Inc, an Oregon Corporation / Patterson Dental Supply, a Minnesota corporation / Does 1-10		Case resolved.
Yamhill County Circuit Court	Janice K Edwards v. A-DEC, Inc.	14CV00241	Janice K. Edwards	A-Dec Inc	Personal injury. $75,000.	Case resolved.
Washington Superior Court, King County	A-dec Inc et al. Vs State Of Washinton	12-2-19245-6	A-dec Inc		Other Contract	Case resolved.
Multnomah County Circuit Court	A-DEC INC v. STERILEX CORPORATION	1012-16940	A-Dec Inc.	Sterilex Corporation, a Maryland corporation	Contract action. $78,000.	Case resolved.
Yamhill County Circuit Court	A DEC INC v. STU KEENE GROUP	CV060246	A Dec Inc.	Stu Keene Group Aka The Keene Group; Kristine Keene Anderson	Contract.	Case resolved.
USDC Oregon	Delcey v. A-dec Inc. et al.	05-cv-01728-MO	Tudor Delcey	A-Dec Inc.; A-Dec International Inc.; A-Dec Diversified Inc.; A-Dec; A-Dec Trading Company Inc.; A-Dec Dental UK Ltd.	Lawsuit for ADEA violations. The 54-year-old, Romanian plaintiff was denied promotions with the defendant because of his age and national origin, and because he is of Orthodox faith. $250,000.	Case resolved.
USDC New Jersey	A-DEC, INC. v. GULF INSURANCE COMPANY et al	CV 05-1400	United States of America for the use of A-Dec Inc.; A-Dec Inc. - an Oregon corporation	Gulf Insurance Company, a subsidiary of the St. Paul Travelers Companies Inc. - a Minnesota corporation; Diversified Contracting Inc.	Breach of contract complaint in which A-Dec has not been paid for cabinetry and other installation work.	Case resolved.
Los Angeles County Superior Court	Hasson v. Adec Inc.	YC048527	Sara Hasson	Adec Inc	Other PI/PD/WD	Case resolved.
U.S. District Court for the Southern District of Illinois	Simpson v. A-Dec Inc, et al	4:03-cv-04034	James E Simpson	Chubb & Son Inc / Northwestern Pacific Indemnity Company / A-Dec Inc		Case resolved.
Oregon Circuit Court	TYLEAN KILLINGER VS. A-DEC INC	CV010397	KILLINGER, TYLEAN	ETTINGER, CHRIS / A-DEC INC		Case resolved.
US District Court for the Southern District of New York	Henry Schein, Inc v. Sterilex Corporation, et al	1:00cv1162	Henry Schein, Inc.	Sterilex Corporation / Patterson Dental Company / A-Dec, Inc.	Other Statutory Actions	Case resolved.
Oregon Circuit Court	A-DEC INC VS. AMERICAN ECONOMY INSURANCE CO	991213317	A-DEC INC	AMERICAN ECONOMY INSURANCE CO		Case resolved.
Oregon Circuit Court	NINA KAY WILSON VS. A-DEC, INC,	CV99132	WILSON, NINA KAY	A-DEC INC		Case resolved.

Oregon Court of Appeals	Barbara Brown v. A Dec Inc	A098879	Barbara Brown	A Dec Inc		Case resolved.
U.S. District Court for the District of Minnesota	A-dec, Inc v. Thompson-Schwing, et al.	0:97-cv-01299	A-dec, Inc	FM Dental Supplies, Inc / San Francisco Dental Supply, Inc. / Larry Olson / Henry Schein, Inc. / Thompson-Schwinghammer, Inc. / John Thompson		Case resolved.
OR U.S. Dist. Ct.	MUNOZ v. A-DEC INCORPORATED	3:96-CV-00623			Civil Rights, Employment	Case resolved.
U.S. District Court for the District of Columbia	GROUP HEALTH ASSN., et al v. A-DEC, INC.	1:96-cv-00716	HOME INSURANCE COMPANY / GROUP HEALTH ASSOCIATION, INC. / MELVIN LENKIN / HARTFORD FIRE INSURANCE COMPANY	A-DEC, INC.		Case resolved.
Oregon Circuit Court	A-DEC INC. VS. TEMPLE LTD. ASH	CV95390	A-DEC INC.	ASH, TEMPLE LTD.		Case resolved.
New Jersey Superior Court, Morris County	IRVIN G. LUBIS VS A DEC INC AND PATTERSON DENTAL SUPPLY COMPANY	L00132795	Irvin G. Lubis	A Dec Inc.	TORT-OTHER	Case resolved.
OR Multnomah Cir. Ct.	JANIE C FRAZIER v. A-DEC INCORPORATED	940402831	JANIE C FRAZIER	A-DEC INCORPORATED; JOANNA RUTHVEN	Torts/Negligence, Libel/Defamation/Slander	Case resolved.
OR Multnomah Cir. Ct.	JANIE M FRAZIER v. A-DEC INCORPORATED	930704755	JANIE M FRAZIER	A-DEC INCORPORATED; ADA FUNK	Contracts	Case resolved.
Oregon Circuit Court	CHARLOTTE HENRY VS. ADEC INC	CV91039	HENRY, CHARLOTTE	BRIGHT, DOUG / ADEC INC		Case resolved.
OR Multnomah Cir. Ct.	CHARLOTTE HENRY v. A-DEC INC	901006248	CHARLOTTE HENRY	A-DEC INC	Civil Rights, Discrimination	Case resolved.
Oregon Circuit Court	CLYDE GAMEL VS. A-DEC INC	CV90043	GAMEL, CLYDE	LEVY, HAROLD / EMMERICH, BOB / COOK, CHARLES / A-DEC INC		Case resolved.
OR Yamhill Cir. Ct.	CLYDE GAMEL v. A-DEC INC	CV90043	CLYDE GAMEL	A-DEC INC; BOB EMMERICH; CHARLES COOK; HAROLD LEVY	Civil	Case resolved.
Trademark Tr. and App. Bd.	Digital Equipment Corporation v. Adec, Inc.	91080999-OPP	Digital Equipment Corporation	Adec, Inc.	Intellectual Property, Trademark/Trade Name	Case resolved.
CA U.S. Dist. Ct., South	HEALTHCO INTERNATL v. A-DEC, INCORPORATED	3:89-MC-00004			Other	Case resolved.
Oregon Circuit Court	WILLIAM SHAW VS. A-DEC INC	CV88166	SHAW, WILLIAM	GAMEL, CLYDE / A-DEC INC		Case resolved.
Trademark Tr. and App. Bd.	In Re: Adec, Inc.	73383464-EXA	Adec, Inc.		Intellectual Property, Trademark/Trade Name	Case resolved.
US District Court for the Southern District of New York	HL Hayden Co of N v. A-Dec, Inc	1:87cv7702	HL Hayden Co of N.	A-Dec Inc	Tort - General	Case resolved.
US District Court for the District of Oregon	A-Dec, Inc v. HL Hayden /New YO	3:87cv978	A-Dec, Inc		(43) Unlimited Other Petition (Not Spec)	Case resolved.
US District Court for the District of Massachusetts	Healthco internation v. A-Dec Inc	1:87cv235	Healthco International	A-Dec, Inc	TRANSCRIPT	Case resolved.
Florida Circuit & County Court, Leon County	A-DEC INC, v. DENTAL EXCHANGE INC,	371985CA001494A0 0100	A-DEC INC,	Dental Exchange Inc.	Personal Injury	Case resolved.
Oregon Circuit Court	PATSY D SHERMAN VS. A-DEC INC	11/15/4202	SHERMAN, PATSY D	A-DEC INC		Case resolved.
New York Supreme Court	A DEC INC v. AVIS DENTAL EQUIPMENT INC	14602/1977	A DEC INC	AVIS DENTAL EQUIPMENT INC		Case resolved.

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH N/A	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Gilead Sciences, LLC

Physical Address: 333 Lakeside Drive, Bldg. 301

City: Foster City State: CA Zip: 94404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 650-574-3000 Website: www.gilead.com

Name of Designated Representative (DR): Daniel Lau

Licensing Company Email: tradecontracts@gilead.com DR Email: Daniel.Lau@gilead.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Gilead Holdings, LLC

Corporation/Organization Name: Gilead Sciences, LLC

Mailing Address: 333 Lakeside Drive, Bldg. 301

City: Foster City State: CA Zip: 94404

Telephone: 650-574-3000 Email: tradecontracts@gilead.com

Contact Person Name: David Hsu

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Lau

Print Name of Authorized Person Submitting Application

Daniel Lau

Original signature of Authorized Person (copies or stamps not accepted)

09 NOV 2021

Date

Board Use Only	Date Received: _____	Amount: 500 check # 14705





CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Wholesale Drug Permit

LICENSE NO. WLS 7534
RECEIPT NO. 00172633

VALID UNTIL MAY 01, 2022

GILEAD SCIENCES LLC
333 LAKESIDE DR BLDG 301
FOSTER CITY CA 94404

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

11/04/21
11/04/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	GILEAD SCIENCES, LLC
California Name:	GILEAD SCIENCES, LLC
File Number:	200506810243
Registration Date:	03/04/2005
Entity Type:	FOREIGN LIMITED LIABILITY COMPANY
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of September 1, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

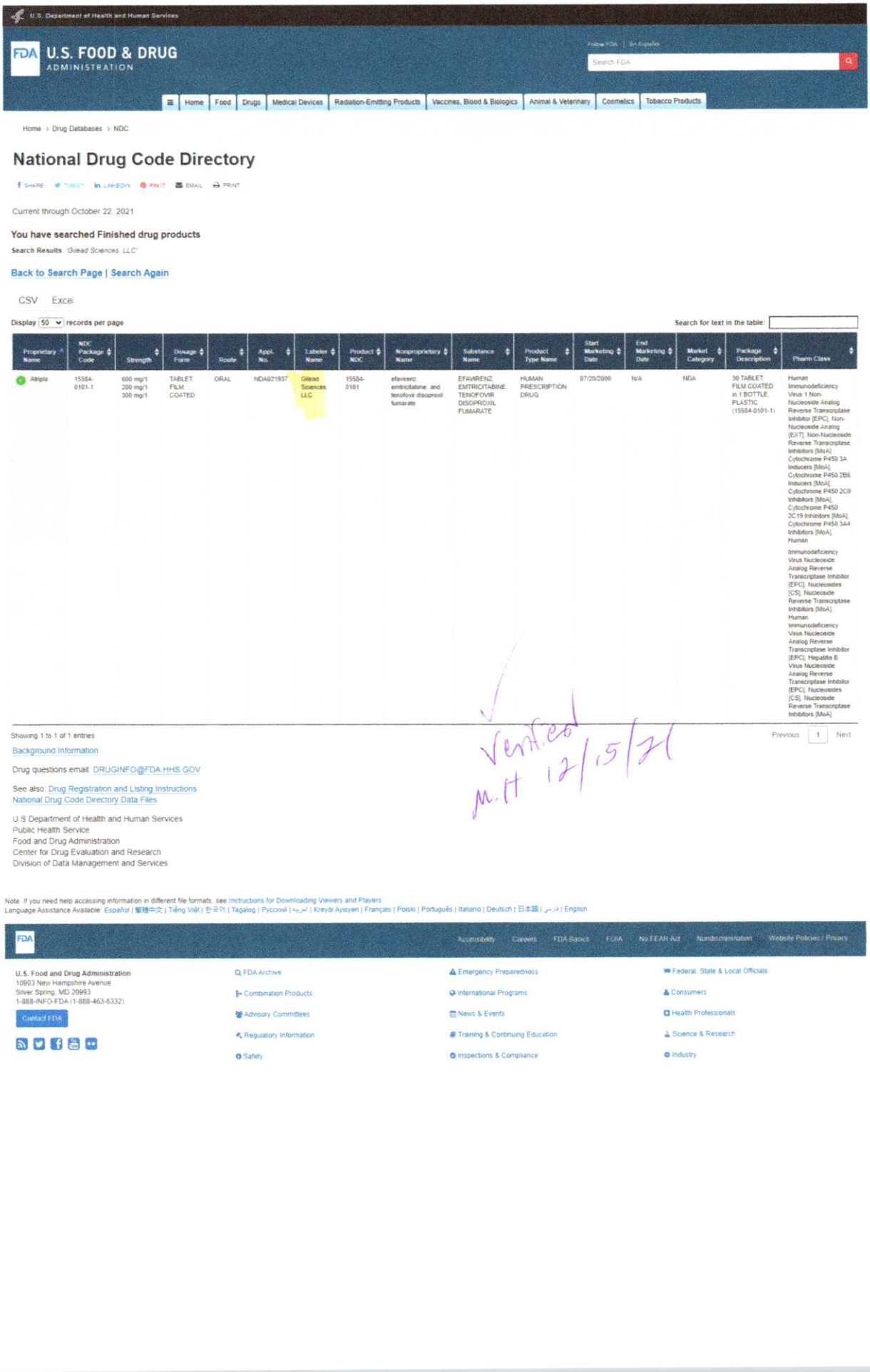
No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 2, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R55JQWR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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National Drug Code Directory

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Current through October 22, 2021

You have searched Finished drug products

Search Results 'Gilead Sciences, LLC'

Back to Search Page | Search Again

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
Atripla	15584-0101-1	600 mg/1; 200 mg/1; 300 mg/1	TABLET, FILM COATED	ORAL	NDA021937	Gilead Sciences, LLC	15584-0101	efavirenz, emtricitabine, and tenofovir disoproxil fumarate	EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG	07/20/2006	N/A	NDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (15584-0101-1)	Human Immunodeficiency Virus 1 Non-Nucleoside Analog Reverse Transcriptase Inhibitor [EPC], Non-Nucleoside Analog [EXT], Non-Nucleoside Reverse Transcriptase Inhibitors [MoA], Cytochrome P450 3A Inducers [MoA], Cytochrome P450 2B6 Inducers [MoA], Cytochrome P450 2C9 Inhibitors [MoA], Cytochrome P450 2C19 Inhibitors [MoA], Cytochrome P450 3A4 Inhibitors [MoA], Human Immunodeficiency Virus Nucleoside Analog Reverse Transcriptase Inhibitor [EPC], Nucleosides [CS], Nucleoside Reverse Transcriptase Inhibitors [MoA], Human Immunodeficiency Virus Nucleoside Analog Reverse Transcriptase Inhibitor [EPC], Hepatitis B Virus Nucleoside Analog Reverse Transcriptase Inhibitor [EPC], Nucleosides [CS], Nucleoside Reverse Transcriptase Inhibitors [MoA]

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information

Drug questions email: DRUGINFO@FDA.HHS.GOV

See also: Drug Registration and Listing Instructions
National Drug Code Directory Data Files

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
M.H 12/15/21

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)

Contact FDA

FDA Archive
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News & Events
Training & Continuing Education
Inspections & Compliance
Federal, State & Local Officials
Consumers
Health Professionals
Science & Research
Industry

Gilead Sciences, LLC
Officer List

Andrew Dickinson, President & Treasurer
333 Lakeside Drive
Foster City, CA 94404
(650) 574-3000

Brett Pletcher, Secretary
333 Lakeside Drive
Foster City, CA 94404
(650) 574-3000

Christina Carlson, Assistant Secretary
333 Lakeside Drive
Foster City, CA 94404
(650) 574-3000

Gilead Sciences, LLC
Shareholders and Percent Ownership

Gilead Holdings, LLC ("GHL") is the 100% owner of Gilead Sciences, LLC ("GSL").

GSL does not include a personal history form as its owner is a corporation and not a natural person

CONFIDENTIAL & PROPRIETARY - NOT SUBJECT TO THE FREEDOM OF INFORMATION ACT (FOIA) OR NEVADA PUBLIC RECORDS LAW

Explanation Regarding Section 2 Question 3 ("Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?"):

In updating the license for Gilead Sciences, LLC ("GSL") in California, we learned that the original application contained an error in the ownership of the entity, which resulted in a delay in timely submitting an application for updating the license. The California Board of Pharmacy issued GSL a citation for not timely submitting a change in the beneficial ownership interest of the license (with a $1,000 fine) and a citation for not timely renewing the license (without a fine). GSL paid the $1,000 fine, which represented satisfactory resolution of the matter. Despite this administrative action, the California Board of Pharmacy issued GSL a wholesaler license, on May 29, 2019, which is valid and in use today.

The following individuals are directly involved with this license:

- Daniel Lau, Quality, and Designated Representative for GSL trade licenses
- Pamela Vida, Director, Trade Operations
- Ada Shao, Commercial Operations Specialist, Trade Licensing
- Alesia Wilbekin, Executive Director, Trade & Patient Support

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Maria Herrera

From: tradelicensing <tradelicensing@gilead.com>
Sent: Wednesday, February 23, 2022 10:42 AM
To: Maria Herrera
Subject: RE: Nevada Out-Of-State Wholesaler Application-Gilead Sciences, LLC

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Maria,

Thank you for your e-mail. Please see below the names of the individuals who are directly involved with this trade license. As described further in the letter submitted with our application, Gilead Sciences, LLC (the facility/location applying for a license) does not have any employees and pursuant to an intercompany services arrangement with Gilead Sciences, Inc., the following individuals are directly involved with this license:

- Daniel Lau, Quality, and Designated Representative for GSL trade licenses
- Pamela Vida, Director, Trade Operations
- Ada Shao, Commercial Operations Specialist, Trade Licensing
- Alesia Wilbekin, Executive Director, Trade & Patient Support

3-8-22 emailed for confirmation of only employees.

Please contact me if I can provide additional information.

Kind regards,

Ada

Ada Shao
Trade Licensing, Managed Markets Strategy & Operations | Gilead Sciences, Inc.
ada.shao2@gilead.com
(650) 484-3044

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Gilead Sciences, LLC

Physical Address 333 Lakeside Drive, Building 301

City Foster CIty State CA Zip 94404

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 650-574-3000 Website www.gilead.com

Licensing Company Email tradecontracts@gilead.com

Section 2: Personal Information

First Daniel Middle _____ Last Lau

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 333 Lakeside Drive, Building 301

City Foster City State CA Zip 94404

Telephone 650-574-3000 Email www.gilead.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials DL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF CALIFORNIA – BERKELEY		09/84 – 12/88	
Address	**City**	**State**	**Zip**
110 SPROUL HALL	BERKELEY	CA	94720
Diploma/Degree obtained, if any			
B.A. BIOLOGICAL SCIENCES			

School Name		From - To (MM/YY – MM/YY)	
INDEPENDENCE HIGH SCHOOL		09/80 – 06/84	
Address	**City**	**State**	**Zip**
617 N. JACKSON AVE	SAN JOSE	CA	95133
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/05 – NOW	[redacted] DUNSMUIR ST.	SAN FRANCISCO	CA	94134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
GILEAD SCIENCES INC.			08/99 – NOW
Business Address	**City**	**State**	**Zip**
333 LAKESIDE DRIVE	FOSTER CITY	CA	94404
Phone	**Title**	**Number of Employed Hours**	
650-522-5426	DIRECTOR, QUALITY	744,000	
Description of Duties	MANAGE COMPLEX PROJECTS, ENTERPRISE SYSTEMS, CHANGE MANAGEMENT		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Danielle

Original Signature (electronic, copies or stamps not accepted)

09 NOV 2021

Date

Applicant's initials DV

I, DANIEL LAU, **certify that as the designated representative for**

GILEAD SCIENCES LLC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

DANIEL LAU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09 NOV 2021

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DANIEL LAU

Print Name (First, Last)

Daniella — 09 NOV 2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN MATEO

I, DANIEL LAU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Daniella — 09 NOV 2021

Original Signature — **Date**

Subscribed and Sworn to before me this 09 day of NOVEMBER, 2021

Vilma L. Lobato — VILMA L. LOBATO

Notary Public Signature

VILMA L. LOBATO
Notary Public - California
San Mateo County
Commission # 2359632
My Comm. Expires Jun 27, 2025

(Seal)

Applicant's initials DV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107357314

Application/License No. _____

Gilead Sciences, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 333 Lakeside Drive, Building 301, Foster City, CA 94404 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, Connecticut 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 11, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of November, 20 21.

APPLICANT/PRINCIPAL

COMPANY

Gilead Sciences, LLC

Authorized Representative

christina carlson

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Karen L. Roider, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

n/a

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Karen L. Roider of St. Louis, Missouri, their true and lawful Attorney(s)-In-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-In-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-In-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-In-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of November, 2021.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Modavar Pharmaceuticals LLC

Physical Address: 1016 16th Street, NW , Ste. 602

City: Washington State: DC Zip: 20036

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 202-355-9785 Website: www.Modavar.com

Name of Designated Representative (DR): Mayur Khamar

Licensing Company Email: compliance.modavar@gmail.com DR Email: compliance.modavar@gmail.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☒ Others: OTC

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cadila Pharmaceuticals Limited (CMO)
Address: 1389 Trasad Road, Dholka City: Ahmedabad, Gujarat, India State: Gujarat Zip: 382225

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): SOHL Inc.
Corporation Name: Modavar Pharmaceuticals LLC
Mailing Address: 1016 16th Street, NW , Ste. 602 ,
City: Washington State: DC Zip: 20036
Telephone: 202-355-9785 Email: compliance.modavar@gmail.com
Contact Person Name: Mayur Khamar

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mayur Khamar

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

02/01/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK #3306

2/17/22

414

GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

License No: DW1800035
Issue Date: 08/10/2018
Expiration Date: 12/31/2022

DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
PHARMACEUTICAL CONTROL DIVISION

899 NORTH CAPITOL STREET, NE, 2ND FLOOR
WASHINGTON, DC 20002

Be it known that

MODAVAR PHARMACEUTICALS, LLC
1016 16TH STREET NW
SUITE 602
WASHINGTON DC 20036

has met all requirements prescribed by law and regulations and is hereby licensed as a(n)

Resident Distributor

LaQuandra S. Nesbitt MD
LaQuandra Nesbitt, MD, MPH
Director, Department of Health

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location, or business activity.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODAVAR PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3934446 8300

SR# 20220663234

Authentication: 202742678

Date: 02-23-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 07, 2022

You have searched Finished drug products

Search Results: *'72241'*

verified 3/8/22

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Acyclovir	72241-028-05	200 mg/1	CAPSULE	ORAL	ANDA201445	Modavar Pharmaceuticals LLC	72241-028	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Acyclovir	72241-028-10	200 mg/1	CAPSULE	ORAL	ANDA201445	Modavar Pharmaceuticals LLC	72241-028	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Acyclovir	72241-026-05	400 mg/1	TABLET	ORAL	ANDA202168	Modavar Pharmaceuticals LLC	72241-026	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Acyclovir	72241-026-10	400 mg/1	TABLET	ORAL	ANDA202168	Modavar Pharmaceuticals LLC	72241-026	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Acyclovir	72241-027-05	800 mg/1	TABLET	ORAL	ANDA202168	Modavar Pharmaceuticals LLC	72241-027	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Acyclovir	72241-027-10	800 mg/1	TABLET	ORAL	ANDA202168	Modavar Pharmaceuticals LLC	72241-027	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-024-11	200 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-024	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-025-03	400 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-025	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Celecoxib	72241-025-20	400 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-025	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-022-03	50 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-022	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-022-11	50 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-022	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-023-03	100 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-023	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-023-05	100 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-023	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-023-10	100 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-023	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-023-11	100 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-023	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-024-03	200 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-024	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-024-05	200 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-024	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Celecoxib	72241-024-10	200 mg/1	CAPSULE	ORAL	ANDA208701	Modavar Pharmaceuticals LLC	72241-024	Celecoxib	CELECOXIB	HUMAN PRESCRIPTION DRUG
Glyburide	72241-038-05	1.25 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-038	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-038-11	1.25 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-038	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-039-05	2.5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-039	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-039-10	2.5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-039	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Glyburide	72241-039-11	2.5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-039	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-040-05	5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-040	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-040-10	5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-040	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Glyburide	72241-040-11	5 mg/1	TABLET	ORAL	ANDA203379	Modavar Pharmaceuticals LLC	72241-040	Glyburide	GLYBURIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-035-05	20 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-035	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-035-11	20 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-035	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-033-11	5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-033	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-033-22	5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-033	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-034-04	10 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-034	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-034-05	10 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-034	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-034-11	10 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-034	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-034-22	10 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-034	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-035-04	20 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-035	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Nebivolol	72241-035-22	20 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-035	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
⊕ Nebivolol	72241-032-04	2.5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-032	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Nebivolol	72241-032-05	2.5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-032	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Nebivolol	72241-032-11	2.5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-032	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Nebivolol	72241-032-22	2.5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-032	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Nebivolol	72241-033-04	5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-033	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Nebivolol	72241-033-05	5 mg/1	TABLET	ORAL	ANDA208717	Modavar Pharmaceuticals LLC	72241-033	Nebivolol	NEBIVOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ Paroxetine	72241-030-10	25 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-030	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG
⊕ Paroxetine	72241-030-22	25 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-030	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG
⊕ Paroxetine	72241-031-10	37.5 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-031	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG
⊕ Paroxetine	72241-031-22	37.5 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-031	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Paroxetine	72241-029-10	12.5 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-029	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG
Paroxetine	72241-029-22	12.5 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA212645	Modavar Pharmaceuticals LLC	72241-029	Paroxetine	PAROXETINE HYDROCHLORIDE HEMIHYDRATE	HUMAN PRESCRIPTION DRUG
Raloxifene hydrochloride	72241-010-05	60 mg/1	TABLET, COATED	ORAL	ANDA211324	Modavar Pharmaceuticals LLC	72241-010	Raloxifene hydrochloride	RALOXIFENE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Raloxifene hydrochloride	72241-010-11	60 mg/1	TABLET, COATED	ORAL	ANDA211324	Modavar Pharmaceuticals LLC	72241-010	Raloxifene hydrochloride	RALOXIFENE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 50 of 60 entries

Previous 1 2 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Modavar Pharmaceuticals LLC

List of Officers:

1) **Name:** Jaswinder Matharu

Title: Head Chairman / CEO

Business Address: 1016 16th Street NW Suite 602, Washington, DC 20036

Home Address: [redacted] Swains Lock Terrace, Potomac MD 20854

Business Phone Number: 202-355-9785

2) **Name:** Mayur Khamar

Title: Company Secretary

Business Address: 1016 16th Street NW Suite 602, Washington, DC 20036

Home Address: [redacted] Woodcock Way, Clarksburg, MD 20871

Business Phone Number: 202-355-9785

List of Owners:

Parent Company Name: SOHL Inc.

FEIN: 43-1873100

Ownership: 100%

Business Address: 1016 16th Street NW Suite 602, Washington DC

Business Phone Number: 2023559785

Modavar Pharmaceuticals LLC

3PL Information:

Name: Eversana Life Science Services LLC

Address: 4580 Mendenhall Rd, Memphis, TN 38141

CMO information:

Name: Cadila Pharmaceuticals Limited

Address: 1389 Trasad Road, Dholka 382225, Ahmedabad, Gujarat, India

Modavar Pharmaceuticals, LLC

Name	Job Title
Cieslak, Joseph (Joe)	Manufacturing Supervisor
Dave, Tarak	Sr. Analytical Chemist/Sr. Scientist
Dumpa, Nagireddy (Nagi)	Formulation Scientist
Foreman, Allison	Analytical Chemist
Hassan, Dr. Emad	Chief Scientific Officer
Hunngings, Jason	Material Management Specialist
Idris, Nabil	Analytical Chemist/ Scientist
Jacob, Stephen	Head of Analytical Services
Johnson, Laura-Lynn (Lynn)	Head of Contracts
Kattel, Krishna	Sr. Analytical Chemist/ Sr. Scientist
Kazmi, Khurshaid (KK)	Head of Operations
Kazmi, Shaista	QC Chemist
Khan, Yusuf	Formulation Specialist/ Senior Scientist
Le, Diem-Chi (Demi)	Quality Assurance Specialist
Medhi, Shah (Zafar)	Materials Management
Molina, Ronnie	Warehouse Specialist
Patel, Bansari	Analytical Chemist/Scientist
Powell, Mickelle	Scientific Assistant
Rinehart, Bradley	Manufacturing Associate
Rodriguez-Pacheco, Josean	Manufacturing Technician
Soars, Lewis (Lew)	Vice President of Sales
Southwell, Dylan	Manufacturing Engineer
Zeigler, Laura	Office Associate
Matharu, Jaswinder (Manji)	CEO
Khamar, Mayur	Company Secretary
Persaud, Ownkar	Vice President of Finance
3rd Party Service Providers	
Pharma Solutions	State Licensing

Eversana Life Science Services	3PL and Order to Cash
CT Corp	State Registration
Prescription Analytics	Government Price Reporting

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Modavar Pharmaceuticals LLC

Physical Address 1016 16th Street, NW , Ste. 602 ,

City Washington , State DC Zip 20036

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 202-355-9785 Website www.Modavar.com

Licensing Company Email compliance.modavar@gmail.com

Section 2: Personal Information

First Mayur Middle _____ Last Khamar

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Woodcock way

City Clarksburg State MD Zip 20871

Telephone [redacted] Email compliance.modavar@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials MK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
L.D. College of Engineering		1972-1978	
Address	**City**	**State**	**Zip**
120, Circular Road, University Area	Ahmedabad	Gujarat	380015
Diploma/Degree obtained, if any			
B. E. (Mechanical) specialized in Automobile			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21 - present	[redacted] Woodcock way	Clarksburg	MD	20871
01/10-12/20	[redacted] Horseshoe Bend Circle	Clarksburg	MD	20871

Applicant's initials MK

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Modavar Pharmaceuticals LLC			04/2013 - Present
Business Address	**City**	**State**	**Zip**
1016 16th Street, NW , Ste 602	Washington	DC	20036
Phone	**Title**		**Number of Employed Hours**
202-355-9785	Company Secretary		15000+ Employed Hours
Description of Duties			
please see attached - Mayur Khamar Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Mayur Khamar, **certify that as the designated representative for**

Modavar Pharmaceuticals LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mayur Khamar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/07/2022

Date

Applicant's initials MK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mayur Khamar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/01/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MARYLAND, ss. County of MONTGOMERY

I, AVI KALDARO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01-02-2022

Date

Subscribed and Sworn to before me this 01 day of 02-2022.

Notary Public Signature

(Seal)

Applicant's initials MK

Mayur Khamar:

Objective: To Lead Humanity towards ultimate spirituality & Prosperity.

Experience:

1978 – 79 GIRNAR SCOOTERS LIMITED – Ahmedabad, Gujarat

Trainee Engineer – Machine Shop

1979 – 84 Ambic Metal Box Pvt. Ltd. (Manufacturer of Tin Containers)

General Manager

- Successfully put company on profitable stage.
- Mainly looked after overall operations of Tin Container (Manufacturing & Marketing).
- Production being the main focus, introduced several methods to cut down the cost of manufacturing.

1986 – 90 Karnavati Auto Limited – Kadi, Gujarat

General Manager – Mopeds

- Established Sales & service Centers Thru out India.
- Managed 20 sales representatives in 5 states.

1991 – April, 2004 Karnavati Engineering Limited – Kadi, Gujarat

Vice President – Marketing

- Successfully converted the business from Automobile to Pharma Machinery Manufacturing.
- Turn the corner of the company & put the company from loss making to profit making unit.
- In charge of overall operations of KEL specifically marketing.
- Mainly supervising the Heads of Domestic & International Sales Teams.
- Introduced new products, which increased the turnover by 25 % such as Mini Press, Kalweka range, UNIK I FC, UNIK pc (Tablet Press) etc.
- Successfully appointed agents in over 10 countries.
- Successfully launched the products in USA since 1998.
- Extensively traveled to SE Asia, Europe, Latin America & USA etc.

May 2004 – March 2013 Karnavati America LLC, Gaithersburg, MD (USA)

Vice President

- Starting the company from stretch.
- Booked the orders worth US $ 900,000.00 in the year 2004.
- Booked the orders worth US $ 1,100,000.00 in the year 2005.
- Successfully appointed several agents in USA & Latin America.
- Participated in two exhibitions during the year 2005.
- Planned participation in three exhibitions during the year at USA & one at Latin America.
- Finalized the installation & servicing agency to take care of the equipment sold locally.
- Opened the warehouse at Sunrise Florida with effect from June, 2006.
- Established Sales & service set up at Florida.

Vice President – CPL, Inc./Modavar (April 2013 – Till Date)

- Taking Care of API Business
- Taking care of other Group Companies (Modavar, RRM, SOHL etc.)
- Established the Office at Washington DC.
- Established Distributors for API Business.
- For Modavar appointed the distributor for ANDA products sales.
- For Modavar established the supply chain.
- For Modavar established the R & D lab.
- For Modavar in a process to start the manufacturing facility.

Education: 1972 – 78 L.D. College of Engineering, Ahmedabad, Gujarat.
B. E. (Mechanical) specialized in Automobile.
5 year course with 10 Semesters

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Modavar Pharmaceuticals ,LLC

Physical Address: 1016 16th Street, NW , Suite 602

City: Washington State: DC Zip: 20036

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 202-355-9785 Website: www.Modavar.com

Licensing Company Email: compliance.modavar@gmail.com

Section 2: Personal Information

First: Jaswinder Middle: Last: Matharu

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Swains Lock Terrace ,

City: Potomac State: MD Zip: 20854

Telephone: [redacted] Email: compliance.modavar@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's Initials: JM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
George Washington University		09/82 - 06/90	
Address	**City**	**State**	**Zip**
2121 I St NW	Washington	DC	20052
Diploma/Degree obtained, if any			
Master of Science Degree in Computer Science			

School Name		From - To (MM/YY – MM/YY)	
George Washington Univeristy		09/82 - 06/90	
Address	**City**	**State**	**Zip**
2121 I St NW	Washington	DC	20052
Diploma/Degree obtained, if any			
Bachelor of Engineering in Electronics and Communications			

School Name		From - To (MM/YY – MM/YY)	
Springdales School		1978-1980	
Address	**City**	**State**	**Zip**
Pusa Road - Upper Ridge Road Junction	New Delhi	India	110005
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2001 - current	[redacted]Swains Lock Terrace	Potomac	MD	20854
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Modavar Pharmaceuticals, LLC			01/18 - current
Business Address	**City**	**State**	**Zip**
1016 16th Street, NW, Suite 602	Washington	DC	20036
Phone	**Title**		
202-355-9785	Head Chairman		
Description of Duties			
please see attached - resume			

Business Name			From - To (MM/YY – MM/YY)
Agilis International (Hig Capital)			01/2004 - 12/2015
Business Address	**City**	**State**	**Zip**
1 Research Court, Suite 370	Rockville	MD	20850
Phone	**Title**		
240-403-4035	Founder, Chairman & CEO		
Description of Duties			
Please see attached			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jaswinder Matharu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/1/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MARYCAND, ss. County of MONTGOMERY

I, HAEKANG YOO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/1/2022

Date

Subscribed and Sworn to before me this 1st day of February, 2022

Notary Public Signature

HAEKANG YOO
Notary Public - State of Maryland
Montgomery County
My Commission Expires Feb 7, 2025

(Seal)

Applicant's initials JM

JASWINDER MATHARU "MANJI"

Potomac, MD 20854 | [redacted]

MEDIA ➲ COMMUNICATIONS ➲

CEO BIG DATA/ANALYTICS/IOT/TELECOM

COMMERCIALIZATION OF CONSUMER DATA ASSETS AND ANALYTICS PRODUCTS FOR GLOBAL FLAGSHIP BRANDS

VISIONARY SERIAL ENTREPRENEUR AND BUSINESS PIONEER with strengths in advancing early-stage go-to-market strategies for startups in Communications vertical. Proven success in product development serving Tier I flagship brands including ATT, Verizon, BT, Telstra and many global tier 1 Telecoms. Drive year-over-year growth with sales strategies that lead to exponential profitability and successful exits. Recognized for business innovation and customer service strengthened by leadership in integrity and transparency. Enable fast and accurate decision-making through complex data analytics; Data driven decision making—reducing risk, improving profitability and increasing return on investment (ROI).

SERIAL ENTREPRENEUR AND PIONEER IN TECHNOLOGY SOLUTIONS WITH HIGHLY PROFITABLE EXITS

CORE EXECUTIVE COMPETENCIES:

- Sales and Technical Leadership
- Data Monetization | Big Data Analytics
- Advanced Analytics for Business Solutions
- Network Management for Large Networks
- Revenue Assurance | Capital Sourcing
- Performance-Based Sales Strategies
- Consumer Value Management
- M&A and Integration Leadership
- Product Research and Development

RECOGNIZED LEADERSHIP IN:

- Vision, Strategy and Policy Guidance
- Go-to Market Strategies for B2B Products
- Sales Strategies for Complex Solutions
- International Workforce Development
- Customer Value Management
- Data Platform Services
- High-Growth Potential Organizations

LEADERSHIP ABSTRACT:

- Spearheaded unique big data product resulting in **10 years of YOY growth and CAGR 25% in last 5 years.**
- Transformed critical conversations from technology to **ROI-based solution generating revenues >$20M per year**.
- Founded and scaled **three successful startups** in the last 13 years.
- Created successful exit to a PE company (HIG Capital).
- Helped launch **first iPhone** in conjunction with ATT through offshore center in India.
- **Drove revenues by 30%** in a down telecom market—from loss to break even—generating **$4M** cash positive.

EXECUTIVE LEADERSHIP SUCCESSES

➲ FOUNDER, CHAIRMAN AND CEO | AGILIS INTERNATIONAL [HIG CAPITAL]| 2004 – 2015 ➲

Founded the company to address big data and analytics in the Telecom vertical to solve problems such as subscriber acquisition, churn, financial risk through predictive analytics. Grew the company without outside funding—bootstrapping with own cash and cash generated from operations. Company was debt free for its entire existence. Negotiated the sale of Agilis with HIG Capital in 2014. Served world-class customers such as ATT, Verizon, TWC, Comcast, Telstra, BGC and others.

CURRENT BOARD MEMBER

- **Scaled company to 250 people** with captive offshore development center focusing on software development and customer support for business-critical functions for global customer base. In-house expertise included R&D, technical support, quality assurance, HR and finance.
- Listed by Gartner as a *Gartner Cool Company* showcasing Agilis International as a **leading and innovative company**.
- Created **savings of $100M+** for customers through advanced analytics for consumer management
- Created successful exit by selling to HIG Capital .

➲ Co-Founder and Chairman | Fiducianet Inc. | 2002 – 2006 ➲

*Managed service company providing lawful interception of communications on behalf of law enforcement agencies ensuring just-in-time **legal compliance with CALEA** in the post 9/11 era. Solution provided common method to intercept voice and data in wireless, broadband and traditional fixed line. Funded the company and provided P&L guidance for the President. Negotiated the successful exit of Fiducianet to Neustar | **NYSE: NSR**.*

- **Delivered 60% savings** in provisioning interceptions for law enforcement agencies through wireless and VOIP critical to the agencies running concurrent investigations.
- Increased efficacy of time-to-provision intercepts by reducing intercept time from **SEVERAL DAYS TO 4 HOURS.**
- Created a unique and flexible solution with standard interface to LEA ensuring that the agency was only dealing with one entity (Fiducianet) for various types of intercepts. Increased efficiency, confidence and guaranteed regulatory compliance for law enforcement agencies.



➲ Founder and Board Member | Omniglobe International | 2004 – Present ➲

Currently serve on the Board for Omniglobe International, a company that provides provisioning, Local Number Port (LNP) and other services around provisioning smartphones and other consumer devices.

- Founded the company to address the need for provisioning devices on telecommunications networks, scaled the company to over 1200 employees globally in a span of 4 years.
- Helped launch first iPhone in conjunction with ATT through offshore center in India.
- **First time for 300k+ activations in a two-day** period for any device.
- Expanded the offshore presence to Philippines and setup a contact center in Manila to support ATT sales channels.

➲ Chief Technology Officer, Chief Operating Officer and Board Member ➲ SOTAS [Safeguard Scientific] 2000 – 2003 ➲

First-to-market start-up software solutions provider to Tier I Telecom carriers for advanced revenue assurance solutions based on a platform that served multiple business applications such as fraud management, billing verification and best-value routing. Instrumental in breaking into the North American market and successfully sold solutions to major carriers such as Verizon, BellSouth, WCOM/MCI and others. Set and executed the product strategy in the area of revenue assurance.

Founded and led the exit of S3networks to Safe Guard Scientific | NYSE: SFE, which resulted in Sotas.

- **Increased revenues by 30%** in a down telecom market, transforming the company from loss to break even and generating **$4M cash (positive)** by restructuring sales organization's compensation plan to align with cash flow and customer success.
- **Drove technology stack, go-to-market strategy and sales platform to gain market traction winning 50% of RFPs. Built network probe to inspect each layer of OSI stack.**
- **Reduced costs by 60%** and increased time-to-market in Europe by creating an offshore development facility in India, which became the core engineering mechanism for product development.
- **Assisted in raising $15M** by restructuring the organization and creating a support organization that delivered managed services to clients. Created a profit center through professional services and by selling ongoing customer support contracts.



➲ FOUNDER, CEO AND PRESIDENT, S3NET INC. 1998 – 2000➲

Developed software for network/service assurance for TDM-based networks with a primary focus on network quality, traffic monitoring and advanced fraud management.

*Started company with **zero venture capital**, funding development through customer contracts and creative financing while retaining intellectual property.*

Merged with SOTAS – instrumental in its post-merger success.

- Formulated business plan, product strategy and executed on sales and marketing plan to gain traction in the emerging area of BSS (business support services).
- .
- S3 Networks was the first company in the marketplace to offer a fraud management platform for a **converged network, gaining 50% YOY growth with $6M** in revenues upon exit.



BOARD EXPERIENCE:

Board Member | Infogix Inc. [HIG Capital Company] | 2014 – 2015

Chairman | Agilis | 2003 - 2014

Board Member | Omniglobe International | 2005 – Current

Chairman | Fiducianet Inc. [Acquired by NYSE:NSR] 2003 – 2005

Board Member | Sotas Inc. [NYSE: SFE company] | 2000 – 2004

Board Member | ECTEL [NYSE:ECTX] | 1997 - 2000

EARLIER CAREER ABSTRACT:

General Manager | Ectel | 1995 – 1997 [ECI Telecom Company]

Assistant Professorial Lecturer | George Washington University | School of Engineering and Applied Sciences | 1992 – 1996

Manager System Development | Telecommunications Techniques (Acterna) | 1993 – 1995

Senior Systems Engineer | S3 Technologies (Link Simulation Systems) | 1990 – 1993

FORMAL EDUCATION, PROFESSIONAL DEVELOPMENT AND LANGUAGES

Master of Science Degree in Computer Science | George Washington University

Bachelor of Engineering | Electronics and Communications | New Delhi

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 999128516

Application/License No. _____

Modavar Pharmaceuticals LLC

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1016 16th Street NW, Suite 602, Washington, DC 20036

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company

corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 24, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of August, 2021.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED NEW HAMPSHIRE 1919

Craig Morsberger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: Modavar Pharmaceuticals LLC
Agency Name: PSA Insurance & Financial Partners LLC Bond Number: 999128516
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($25,000.00) Twenty-five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Craig Morsberger** in the city and state of **HUNT VALLEY, MD**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

The Ohio Casualty Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 24th day of August, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

eBONDING INDEMNITY AGREEMENT

Bond Number: 999128516
Agency Code: 969379

Agency Name: PSA Insurance & Financial Partners LLC
Agency Address: 11311 MCCORMICK RD STE 500, HUNT VALLEY, MD 21031-8622
Principal's Full Name: Modavar Pharmaceuticals LLC
Principal's Address: 1016 16th Street NW, Suite 602, Washington, DC 20036

The undersigned (collectively "Indemnitor") represents that all statements and representations made in the bond Application are true and made without reservation to induce Liberty Mutual Insurance Company and any other company that is part of or added to the Liberty Mutual Group, severally not jointly, and/or for which surety business is underwritten by Liberty Mutual Surety ("Surety") to extend surety credit in any manner or amount, including but not limited to providing or having provided requested Bond(s) including any modifications thereto in reliance upon the provision of its indemnity, and with regard to such surety credit hereby agrees with Surety, its successors and assigns, as follows:

1. To pay premiums when due;
2. To deliver evidence satisfactory to Surety, of the release of all liability;
3. To exonerate, hold harmless and indemnify Surety from and against all claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgments, or adjudications whatsoever which Surety may incur in any manner related to the extension of surety credit, including the enforcement of the agreements contained herein and any matter subject to any bankruptcy court (collectively "LOSS");
4. That Surety shall have the right, at its sole discretion, to pay, adjust, settle or compromise any and all claims or LOSS and the voucher or other evidence of such payment, settlement or compromise, whether Surety was liable therefore or not, shall be conclusive evidence of the fact and extent of Indemnitor's liability;
5. To place Surety in funds immediately upon demand, the amount Surety deems necessary to protect itself from any LOSS or potential LOSS, whether or not Surety has made payment or posted a reserve, Surety having the right to use all or part of these funds in payment or settlement of any LOSS or in reimbursement to Surety for payment of same;
6. That Indemnitor hereby authorizes Surety to investigate statements made herein, **and to obtain credit report information from credit reporting sources/ bureaus,** and to check credit with creditors and/or lending institutions, and further authorizes any present or former employer or any other person, firm or corporation, to furnish information concerning Indemnitor in connection with the Surety's extension of surety credit and with Indemnitor's compliance with obligations hereunder and under any Bond or underlying obligation, and Indemnitor hereby releases any of the aforementioned from liability in consequence of furnishing or disclosing such information;
7. That Surety may bring separate suits to recover hereunder as causes of action shall accrue and that the bringing of suit or recovery of judgment upon any cause of action shall not prejudice or bar the bringing of other suits upon other causes of action, whether heretofore or thereafter arising;
8. That all other rights which Surety may have or acquire against Indemnitor under other or additional agreements of indemnity or any other written agreement (with this Agreement collectively "INDEMNITY") related to the extension of surety credit, shall be in addition to and not in lieu of the rights afforded Surety under this Agreement;
9. That if Surety executes any Bond(s) with any co-surety or reinsures all or any part of any Bond(s), that all the terms of this Agreement shall apply and operate for the benefit of such co-surety and reinsurer, as their interests may appear;
10. That these covenants shall be jointly and severally binding upon Indemnitor, its respective heirs, executors, administrators, successors and assigns;
11. That Surety shall have the right to decline to issue or to cancel Bond(s) at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived;
12. That the exercise, delay of or failure by Surety to exercise of any right, remedy or power whatsoever shall not preclude Surety's simultaneous or subsequent exercise or constitute any waiver of such or other rights, remedies or powers;
13. That if any Bond(s) relate to the assets of an estate, Indemnitor will provide reasonable access to all records concerning the estate and upon request shall provide a written report of the condition of the estate. Furthermore, Indemnitor grants, assigns, pledges and conveys to Surety as security, a lien on and security interest in and to Indemnitor's interest, title and rights in the proceeds of any insurance policy affording coverage for all or part of any bonded obligation, and in the contracts or obligations (and all proceeds thereof without limitation) that grow in any manner whatsoever as a result of the extension of surety credit. While the lien and security interests are effective immediately, Surety may exercise its remedies with respect to such only in the event of: a) Indemnitor's failure to fulfill any obligation whatsoever for which i) Bond(s) are provided, ii) contained in any Bond(s), or iii) contained within any INDEMNITY agreement with the Surety; and b) any assignment by Indemnitor for the benefit of creditors or any agreement or proceeding of liquidation, receivership or bankruptcy whatsoever. Indemnitor hereby authorizes Surety to file any such financing statement as Surety deems necessary or appropriate to perfect the liens and security interest granted herein.

With respect to Court Bonds and Receiver/Trustee Bonds: INDEMNITORS ACKNOWLEDGE AND AGREE THAT THE FIRST YEAR PREMIUM IS FULLY-EARNED WHEN THE BOND IS ISSUED EVEN IF THE BOND IS SUBSEQUENTLY REDUCED OR TERMINATED DURING THE FIRST YEAR. IF A BOND IS REDUCED OR TERMINATED DURING THE SECOND OR SUBSEQUENT YEAR AFTER A RENEWAL PREMIUM IS PAID, THE RENEWAL PREMIUM SHALL BE ADJUSTED PRO RATA UPON REDUCTION OR TERMINATION.

By signing below, each individual signing on behalf of a business entity and/or a trust, represents and warrants that he or she is duly authorized by the entity and/or trust to bind it to this Indemnity Agreement and that the entity and/or trust has a material interest in the issuance of any requested Bonds. In the case of a trust, the Trustee further represents and warrants that he or she has the ability and will resolve out of trust assets the obligations to the surety pursuant to the Indemnity Agreement regardless of any spendthrift provisions or any other limitations on distributions.

- **Dated** August 24, 2021 .

Principal: Modavar Pharmaceuticals LLC

Indemnitor(s) sign here:

By: Suzanne Dudy

Witness' signatures:

By: _____



Liberty Mutual Surety: Baltimore
10045 Red Run Boulevard
Suite 370
Owing Mills, MD 21117
(800) 582-6681 Fax: (866) 548-6577

TRANSACTION REPORT

Transaction Date: August 24, 2021

Preparer Name: Donna Fowble
Preparer Email: DFowble@psafinancial.com

Agency Name: PSA Insurance & Financial Partners LLC
Agency Code: 969379

Principal:
Modavar Pharmaceuticals LLC
1016 16th Street NW, Suite 602
Washington, DC 20036

Obligee:
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521-4881

Underwriting Information:
Issued with underwriter's approval

Bond Information:

Bond Number: 999128516
Bond Amount: $25,000.00
Renewal Type: Continuous (until cancelled)
Renewal Billing Method: Agency Bill
Renewal Term (Months): 36
Renew Automatically: Yes
Description of Bond: Pharmaceutical Wholesaler

Effective Date: August 24, 2021
Expiration Date: August 24, 2022
Cancel Days: 30 Days
Class Code: S996
Underwriting Paper: The Ohio Casualty Insurance Company
Bond Rating State: Nevada

Invoiced To:

PSA Insurance & Financial Partners LLC
11311 MCCORMICK RD STE 500
HUNT VALLEY, MD 21031-8622

Renewal Billing Information:

PSA Insurance & Financial Partners LLC
11311 MCCORMICK RD STE 500
HUNT VALLEY, MD 21031-8622

Remarks:

Premium Information:

Bond Premium: $500.00
Total Premium Due: $500.00

You are responsible for collecting the amount due from the applicant.

Mail Payment To:

Liberty Mutual Insurance Company
25762 Network Place
Chicago, IL 60673-1257

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☑ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02501	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: OLD NAME: Spectra Medical Devices, Inc. NEW NAME: Spectra Medical Devices, LLC

Physical Address: 299 Ballardvale Street, Suite 1

City: Wilmington State: MA Zip: 01887

Mailing Address (if different from physical address): (Same)

City: State: Zip:

Telephone: 978-657-0889 Website: www.spectramedical.com

Name of Designated Representative (DR): Jose Agustin Turriza Ahumada

Licensing Company Email: statelicensing@SpectraMedical.com DR Email: statelicensing@SpectraMedical.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Huons Co., Ltd.
Address: 100, Bio Valley-Ro, Jecheon-Si, Chungcheongbug-do, 27159, Republic of Korea City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): NQ PE - Project Hogan Midco Inc.
Corporation/Organization Name: Spectra Medical Devices, LLC
Mailing Address: 299 Ballardvale Street, Suite 1
City: Wilmington State: MA Zip: 01887
Telephone: 978-657-0889 Email: statelicensing@SpectraMedical.com
Contact Person Name: Jose Agustin Turriza Ahumada

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Agustin Turriza, Corporate Director, Designated Representative

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/18/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 12454

Attachment to Spectra Medical Devices, LLC's Out-of-State Wholesaler License New Application (Nevada Board of Pharmacy)

Ownership/Name Change

On October 1, 2021, Spectra Medical Devices, Inc. signed an agreement to sell its business to a new entity named Spectra Medical Devices, LLC. Effective on the close of the transaction Spectra Medical Devices, Inc., is now known as Spectra Medical Devices, LLC. As a part of this ownership/name change, the Tax ID changed to 87-1917762.

Parent Company: NQ PE Project Hogan Midco Inc.
4208 Six Forks Road, Suite 920
Raleigh, NC 27609
Contact: Jeff Edwards
919-459-8620
Tax ID 87-2021348

Description of Operations

Spectra Medical Devices, LLC ("Spectra") is a (virtual) manufacturer and an own-label distributor of Class 1 and 2 medical devices (procedural needles) and prescription drugs. Spectra also distributes under a marketing agreement two products manufactured and owned by their CMO. Spectra's customers include other wholesalers, hospitals, pharmacies, and practitioners.

The legend products are stored in Massachusetts and shipped to customers using common carriers. Spectra does not own trucks. Spectra's customers arrange for shipping from Spectra's dock. Spectra Medical Devices, LLC's products do not require refrigerated shipping.

Spectra does not manufacture, maintain, or warehouse, controlled substances at its Wilmington, Massachusetts, facility. As a result, Spectra does not need nor have a DEA registration.

The Wilmington, Massachusetts, facility is Spectra's corporate headquarters. Spectra's hours of operations are Monday through Friday from 8:15 a.m. to 5:00 p.m.

LLC Officers/Members

Name	Title	% Ownership
Anthony Charles Arrigo	President/CEO	-0-
Ray Warren Nute	Chief Financial Officer	-0-

Spectra medical Devices, LLC
Payroll Listing
Week Ended January 7, 2022

Employees

Alam, Bahar M
Arrigo, Anthony C
Arrigo, Anthony E
Arrigo, Edward J
Arrigo, Joyce
Catanzariti, Zachary
Chan, Lai Heng
Charbonneau, Raymond
Cloonan, Janis P
Cook, Tiffany M
Dassler, Kathleen L
Devane, Christine
Din, Malynn
Giang, David M
Githige, James
Haggerty, Theodore L
Henderson, Scott
Huang, Li Yu
Jacobs, Kristen L
Johnson, Cherie L
Kang, Muxuan
Lath, Sanjeev
Leung, Siu Lei
Li, Guowei
Li, Jenny
Lin, Chaohua
Luo, Jinting
Meeks, Michael J
Nunez Ugarte, Jose
Nute, Ray W.
O'Brien, Donna M
Paseuth, Sinouane
Russell, Richard A
Shea, Richard L
Sito Poon, Xue Mei
Situ, Xuelian
Sullivan, Judith A
Taylor-Nice, Yvette L
Turriza, Jose
Vazquez, Orlando
Zhang, Chun Yong
Cyr, Jeffrey V

Cassidy, James M

1099 Vendors

Don Huggans
Gary April
Guy Rochman, MD
Thomas Simopoulas, MD
Beatrice Kahn
Peggy Rose
Chris Griffith
John Cassidy
Kenneth Meeks
Penny Goss
Steve Santon
Nailesh Bhatt
James Wulf

Debt Holder

Madison Capital Funding.

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096950	08/18/2021	08/18/2022	Drug Distributors

SCHEDULES VI

ISSUED TO

SPECTRA MEDICAL DEVICES, LLC
299 BALLARDVALE STREET
WILMINGTON, MA 01887
ATTN: JEFFREY EDWARDS PRESIDENT

Margret R Cooke
COMMISSIONER OF PUBLIC HEALTH

826513

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096950	08/18/2021	08/18/2022	Drug Distributors

SCHEDULES VI

ISSUED TO

SPECTRA MEDICAL DEVICES, LLC
299 BALLARDVALE STREET
WILMINGTON, MA 01887
ATTN: JEFFREY EDWARDS PRESIDENT

Margret R Cooke

NEW

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096950	08/18/2021	08/18/2022	Drug Distributors

SCHEDULES VI

ISSUED TO SPECTRA MEDICAL DEVICES, LLC
299 BALLARDVALE STREET
WILMINGTON, MA 01887
ATTN: JEFFREY EDWARDS PRESIDENT

Margret R Cooke
COMMISSIONER OF PUBLIC HEALTH

826513

FILE COPY

NEW

For more information about the board, please visit our web site at http://www.mass.gov/dph/boards.

Spectra Medical Devices, LLC
299 Ballardvale Street
Suite 1
Wilmington MA 01887

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Wholesale Distributor Permit

Spectra Medical Devicas, LLC
299 Ballardvale Street
Suite 1
Wilmington MA 01887

Signature

LICENSE NO	EXPIRATION DATE	SERIAL NO
WD519	11/30/2022	1282691

Fold, Then Detach Along All Perforations

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 25, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

SPECTRA MEDICAL DEVICES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **August 11, 2021**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 72 for revocation of said Limited Liability Company's authority to transact business in the Commonwealth; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **JEFF EDWARDS, ANTHONY C. ARRIGO, RAY NUTE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:IL

DPH CONTROL# 19139448

IMPORTANT

If you find this license, please return to: **The Bureau of Health Professions Licensure, 239 Causeway St., Ste 500, 5th Fl., Boston, MA 02114.**

If your name or address changes, you must notify the Bureau to ensure the proper mailing of your next renewal or recall reminder. Always refer to your License or MCSR number when corresponding with the Bureau. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

Spectra Medical Devices, LLC, p. 20

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
SPECTRA MEDICAL DEVICES, LLC
Business Trade Name:
Spectra Medical Devices

299 Ballardvale Street
Suite 1
WILMINGTON, MA 01887
Registration Number: 1224960
FEI Number*: 3000204727
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
SPECTRA MEDICAL DEVICES, LLC
299 BALLARDVALE STREET
SUITE 1
Wilmington, MA US 01887
Owner/Operator Number: 9012618

Official Correspondent:
Jose A Turriza
SPECTRA MEDICAL DEVICES, LLC
299 BALLARDVALE STREET
SUITE 1
Wilmington, MA 01887
Phone: 978-6570889

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 02/14/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business Trade Name :** *Spectra Medical*
Establishment Registration or FEI Number : *1224960*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
SPECTRA MEDICAL DEVICES, LLC[9]	MA/USA	1224960	2022
• Instrument, Manual, Surgical, General Use - Instrument,Manual,Surgical, General[10]			Repackager/Relabeler
• Anesthesia Conduction Kit - Disposable Epidural Anesthesia Tray[11]			Specification Developer
• Needle, Conduction, Anesthetic (W/Wo Introducer) - Epidural Anesthesia Needle, Spectra Epidural Needles[12]			Manufacturer
• Needle, Conduction, Anesthetic (W/Wo Introducer) - Atraumatic Pencil Point Spinal Needle[13]			Specification Developer
• Needle, Spinal, Short Term - Spectra Spinal Needles, Spinal Needles (Various)[14]			Manufacturer
• Needle, Hypodermic, Single Lumen - Vascular Access Port Huber Point Infusion Needle[15]			Specification Developer
• Set, Administration, Intravascular - Vascular Access Port Infusion Set[16]			Specification Developer
• Generator, Lesion, Radiofrequency - NBD Disposable RF Cannula, SPECTRA Disposable Radio Frequency (RF) Needle[17]			Manufacturer
• Probe, Radiofrequency Lesion - NBD Disposable RF Cannula, SPECTRA Disposable Radio Frequency (RF) Needle[18]			Manufacturer
• Introducer, Catheter - Spectra Guidewire Introducer Needle[19]			Manufacturer
• Set, Anesthesia, Paracervical - Cervical Regional Anesthesia Needle[20]			Specification Developer
• Handle, Scalpel - Introducer Needle[21]			Specification Developer
• Blade, Scalpel - Introducer Needle[22]			Specification Developer
• Scalpel, One-Piece - Disposable Scalpel, One-Piece, Non-Sterile[23]			Specification Developer
• Instrument, Biopsy - Spectra Soft Tissue Biopsy Needles[24]			Specification Developer
• Applicator, Absorbent Tipped, Non-Sterile - Sponge Applicator[25]			Specification Developer
• Needle, Conduction, Anesthetic (W/Wo Introducer) - SPECTRA Disposable Single Lumen Echogenic Injection Anesthesia Conduction Needle, SPECTRA MSK Ultrasonic Injection Needle[26]			Specification Developer
• Syringe, Piston - Glass LOR Syringe[27]			Specification Developer
• Needle, Conduction, Anesthetic (W/Wo Introducer) - SPECTRA Sonic Block Chiba Needle, SPECTRA Sonic Block Crawford Needle, SPECTRA Sonic Block Quincke Needle, SPECTRA Sonic Block Tuohy Needle[28]			Specification Developer
• Guide, Needle, Surgical - Introducer Needle[29]			Specification Developer
• Needle, Gastro-Urology - Introducer Needle[30]			Specification Developer

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=Spectra%20Medical®Num=&StateName=&CountryName=&RegistrationNumber=1224960&OwnerOperatc

MA SOC Filing Number: 202170022440 Date: 8/11/2021 3:26:00 PM
8/11/2021 3:23:09 PM From: To: 6176243891(2/6)

F

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Foreign Limited Liability Company
Application for Registration
(General Laws Chapter 156C, Section 48)

Federal Identification No.: _____

(1a) The exact name of the limited liability company:

Spectra Medical Devices, LLC

(1b) If different, the name under which it proposes to do business in the Commonwealth of Massachusetts:

_____

(2) The jurisdiction* where the limited liability company was organized:

Delaware

(3) The date of organization in that jurisdiction: July 23, 2021

(4) The general character of the business the limited liability company proposes to do in the Commonwealth:

Manufacture and distribution of prescription drugs and medical devices

(5) The business address of its principal office:

c/o NovaQuest Private Equity Fund I, L.P.
4208 Six Forks Road, Suite 920
Raleigh, NC 27609

(6) The business address of its principal office in the Commonwealth, if any:

N/A

(7) The name and business address, if different from principal office location, of each manager:

N/A

8/11/2021 3:23:09 PM From: To: 6176243891(3/6)

(8) The name and business address of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME	ADDRESS
Jeff Edwards	c/o NovaQuest Private Equity Fund I, L.P. 4208 Six Forks Road, Suite 920 Raleigh, NC 27609

(9) The name and street address of the resident agent in the Commonwealth:

C T Corporation System	155 Federal Street, Suite 700, Boston, Massachusetts 02110

(10) The latest date of dissolution, if specified: _____

(11) Additional matters:

Signed by *(by at least one authorized signatory)*: _____,
Jeff Edwards, President

I C T Corporation System by: _____ Stephanie Hoey, Assistant Secretary,
resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c156C § 48 (or attach resident agent's consent hereto).

** Attach a certificate of existence or good standing issued by an officer or agency properly authorized in home state.*

CONSENT TO USE OF NAME

Spectra Medical Devices, Inc., a corporation organized under the laws of the State of Massachusetts, hereby consents to the qualification of Spectra Medical Devices, LLC in the State of Massachusetts.

IN WITNESS WHEREOF, the said Spectra Medical Devices, Inc. has caused this consent to be executed by its CFO, this 11th day of August, 2021.

SPECTRA MEDICAL DEVICES, INC.

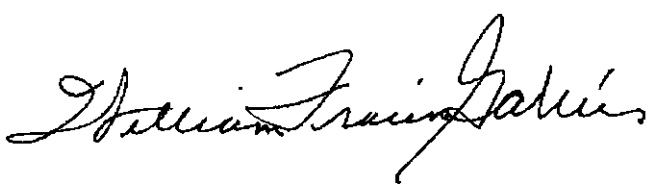
By: Ray W. Nute, CFO

MA SOC Filing Number: 202170022440 Date: 8/11/2021 3:26:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

August 11, 2021 03:26 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:22 PM 07/23/2021
FILED 08:22 PM 07/23/2021
SR 20212793230 - File Number 6112803

CERTIFICATE OF FORMATION

OF

SPECTRA MEDICAL DEVICES, LLC

This Certificate of Formation of Spectra Medical Devices, LLC (the "Company"), dated as of the 23rd day of July, 2021, has been duly executed and is being filed by authorized persons to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-201, et seq.), as amended from time to time.

1. Name. The name of the limited liability company formed hereby is "Spectra Medical Devices, LLC".

2. Registered Office. The address of the registered office of the Company is Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.

3. Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.

[*Signature page follows*]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Spectra Medical Devices, LLC this 23rd day of July, 2021.

By: /s/ Myungkoo Kang
Name: Myungkoo Kang
Title: Authorized Person

Execution Version

BILL OF SALE AND ASSIGNMENT AND ASSUMPTION AGREEMENT

This **BILL OF SALE AND ASSIGNMENT AND ASSUMPTION AGREEMENT** (this "Agreement") is dated as of October 1, 2021 (the "Effective Date"), by and among Spectra Medical Devices, Inc., a Massachusetts corporation ("SMD"), Spectra Medical, Inc., a Massachusetts corporation ("SMI", and together with SMD, "Sellers") and Spectra Medical Devices, LLC, a Delaware limited liability company ("Purchaser").

RECITALS

WHEREAS, SMD and Purchaser are parties to that certain Equity and Asset Purchase Agreement, dated as of August 31, 2021 (the "Purchase Agreement");

WHEREAS, pursuant to the Purchase Agreement, SMD has agreed to, and to cause SMI to, sell, assign, transfer, convey and deliver to Purchaser all right, title and interest of Sellers, in, to and under the Purchased Assets;

WHEREAS, pursuant to the Purchase Agreement, Purchaser has agreed to purchase, acquire and accept from Sellers, all right, title and interest of Sellers, in, to and under the Purchased Assets; and

WHEREAS, pursuant to the Purchase Agreement, Purchaser has agreed to assume and be liable for, and to pay, perform and discharge in accordance with their respective terms, the Assumed Liabilities and Purchaser has not and shall not be deemed to have assumed or to be liable for, any Excluded Liabilities.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Capitalized Terms. Capitalized terms used herein without definition shall have the meanings given such terms in the Purchase Agreement.

2. Assignment and Assumption.

(a) Purchased Assets; Excluded Assets; Assumed Liabilities; Excluded Liabilities. For good and valuable consideration received:

(i) Sellers hereby irrevocably sell, assign, transfer, convey and deliver to Purchaser, its successors and assigns, to have and to hold forever, and Purchaser hereby purchases, acquires and accepts from Sellers, all right, title and interest of Sellers, respectively, in, to and under the Purchased Assets (other than the Purchased Assets transferred pursuant to the Real Property Lease Assignments) in accordance with the terms of the Purchase Agreement. Sellers will retain and not transfer, and Purchaser will not purchase or acquire, all right, title and interest of Sellers in, to and under the Excluded Assets.

(ii) Purchaser hereby assumes and accepts and agrees to pay and discharge the Assumed Liabilities of Sellers in accordance with the terms of the Purchase

Agreement. Sellers will retain and not transfer, and Purchaser will under no circumstances assume or be liable for, any Excluded Liabilities.

(b) Further Actions. Each of Sellers, and Purchaser, as applicable, shall use commercially reasonable efforts to take or cause to be taken all appropriate action, do or cause to be done all things necessary, proper or advisable, and execute and deliver such documents and instruments as may be required to carry out the provisions of this Agreement.

3. Conflicts with Purchase Agreement. This Agreement shall be subject in all respects to the Purchase Agreement and shall be construed so as to carry out the intentions of the parties thereto as expressed in the Purchase Agreement. In the event of a conflict between the terms and conditions of this Agreement and the terms and conditions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall govern.

4. Miscellaneous. Sections 10.1 through 10.16 of the Purchase Agreement are hereby incorporated herein *mutatis mutandis* by this reference; provided that references to "this Agreement," "hereto," "hereunder," and similar references in such sections of the Purchase Agreement shall pertain to this Agreement.

[*Remainder of page intentionally blank; signature pages follow*]

IN WITNESS WHEREOF, the parties have caused this Bill of Sale and Assignment and Assumption Agreement to be executed by their duly authorized representatives as of the Effective Date.

SPECTRA MEDICAL DEVICES, INC.

By: _____
Name: Anthony C. Arrigo
Title: President

SPECTRA MEDICAL, INC.

By: _____
Name: Anthony C. Arrigo
Title: President

IN WITNESS WHEREOF, the parties have caused this Bill of Sale and Assignment and Assumption Agreement to be executed by their duly authorized representatives as of the Effective Date.

SPECTRA MEDICAL DEVICES, LLC

By:_____
Name: Jeff Edwards
Title: President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107520012

Application/License No. _____

Spectra Medical Devices, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 299 Ballardvale St., Suite 1, Wilmington, MA 01887 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 8, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this **8th** day of **October**, **2021**.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Eric Ragone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **ERIC P RAGONE** of **ATLANTA**, **Georgia**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vica President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officars: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Compeny and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **8th** day of **October**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Spectra Medical Devices, LLC

Physical Address 299 Ballardvale Street, Suite 1

City Wilmington State MA Zip 01887

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 978-657-0889 Website www.spectramedical.com

Licensing Company Email statelicensing@SpectraMedical.com

Section 2: Personal Information

First Jose Middle Agustin Last Turriza Ahumada

Alias(es, nicknames, name changes, etc.) Agustin Turriza

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Fletcher Road

City Windham State NH Zip 03087

Telephone [redacted] Email statelicensing@SpectraMedical.com

Are you a citizen of the United States? ☐ Yes ☑ No Legal US Permanent Resident

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

03/01/22

Applicant's initials JAT

School Name		From - To (MM/YY – MM/YY)	
American Society of Quality (ASQ)		2005	
Address	**City**	**State**	**Zip**
Milwaukee, WI 53201-3005			
Diploma/Degree obtained, if any			
Certified Quality Auditor (CQA)			
School Name		**From - To (MM/YY – MM/YY)**	
American Society of Quality (ASQ)		2004	
Address	**City**	**State**	**Zip**
Milwaukee, WI 53201-3005			
Diploma/Degree obtained, if any			
Certified Quality Engineer (CQE)			
School Name		**From - To (MM/YY – MM/YY)**	
Universidad Autónoma de Tamaulipas – Reynosa, Mexico		1995 - 1999	
Address	**City**	**State**	**Zip**
San Fernando, cruce con, Canal Lateral, Arcoíris, 88779 Reynosa, Tamps., Mexico			
Diploma/Degree obtained, if any			
Electronics & Computational Engineering (BSEE / BSCE)			
School Name		**From - To (MM/YY – MM/YY)**	
Centro de Bachillerato Tecnológico Industrial y de Servicios No. 7		1992 - 1995	
Address	**City**	**State**	**Zip**
Naranjos 65, José de Escandón, 88680 Reynosa, Tamps., Mexico			
Diploma/Degree obtained, if any			
Electronics - Technician Degree			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Present (7+ years)	[redacted] Fletcher Road	Windham	NH	03087
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name		From - To (MM/YY – MM/YY)
Spectra Medical Devices, Inc. / Spectra Medical Devices, LLC		7/2005 - Present
Business Address	**City**	**State / Zip**
299 Ballardvale Street, Suite 1, Wilmington, MA 01887		
Phone	**Title**	**Number of Employed Hours**
978-657-0889	Int'l Quality Mgr / Operations Mgr / Corporate Director	40+ hours / week
Description of Duties		
Direct/Lead Quality and Regulatory Department in USA and South Korea		

Business Name		From - To (MM/YY – MM/YY)
Bard Healthcare,Inc.		3/2003 - 6/2005
Business Address	**City**	**State / Zip**
Montebello 1, Parque Colonial, 88787 Reynosa, Tamps., Mexico		
Phone	**Title**	**Number of Employed Hours**
+52 899 921 3000	Senior Supplier Quality Engineer	40+ hours / week
Description of Duties		
Supervise supplier issues and projects for plant		

Business Name		From - To (MM/YY – MM/YY)
Delphi Delco Electronics		1/2000 - 2/2001
Business Address	**City**	**State / Zip**
Carretera Avenida Fomento Industrial Norte s/n Reynosa, 88730	Mexico	
Phone	**Title**	**Number of Employed Hours**
899-921-5500	Supplier Quality Engineer	40+ hours / week
Description of Duties		
Manage suppliers with commodities		

Business Name		From - To (MM/YY – MM/YY)
Seagate Technologies		1/1998 - 1/2000
Business Address	**City**	**State / Zip**
Blvd. Monte Bello No. 737, 88780 Reynosa - Mexico		
Phone	**Title**	**Number of Employed Hours**
899 921 1178	Failure Analysis Technician	40+ hours / week
Description of Duties		
Provide failure analysis report on each hard drive received, assist coordination and provide personnel training		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

[redacted]

Business Name		From - To (MM/YY – MM/YY)
Spectra Medical Devices, Inc. / Spectra Medical Devices, LLC		7/2005 - Present
Business Address	**City**	**State / Zip**
299 Ballardvale Street, Suite 1, Wilmington, MA 01887		
Phone	**Title**	**Number of Employed Hours**
978-657-0889	Int'l Quality Mgr / Operations Mgr / Corporate Director	40+ hours / week

Description of Duties

Direct/Lead Quality and Regulatory Department in USA and South Korea

Business Name		From - To (MM/YY – MM/YY)
Bard Healthcare,Inc.		3/2003 - 6/2005
Business Address	**City**	**State / Zip**
Montebello 1, Parque Colonial, 88787 Reynosa, Tamps., Mexico		
Phone	**Title**	**Number of Employed Hours**
+52 899 921 3000	Senior Supplier Quality Engineer	40+ hours / week

Description of Duties

Supervise supplier issues and projects for plant

Business Name		From - To (MM/YY – MM/YY)
Delphi Delco Electronics		1/2000 - 2/2001
Business Address	**City**	**State / Zip**
Carretera Avenida Fomento Industrial Norte s/n Reynosa, 88730	Mexico	
Phone	**Title**	**Number of Employed Hours**
899-921-5500	Supplier Quality Engineer	40+ hours / week

Description of Duties

Manage suppliers with commodities

Business Name		From - To (MM/YY – MM/YY)
Seagate Technologies		1/1998 - 1/2000
Business Address	**City**	**State / Zip**
Blvd. Monte Bello No. 737, 88780 Reynosa - Mexico		
Phone	**Title**	**Number of Employed Hours**
899 921 1178	Failure Analysis Technician	40+ hours / week

Description of Duties

Provide failure analysis report on each hard drive received, assist coordination and provide personnel training

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JM

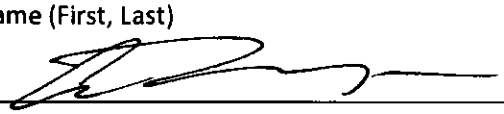
I, Jose Agustin Turriza Ahumada, **certify that as the designated representative for**

Spectra Medical Devices, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jose Agustin Turriza Ahumada
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

01/18/2022
Date

Applicant's initials JAT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose Agustin Turriza Ahumada
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/18/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Jose Agustin Turriza Ahumada, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/18/2022
Date

Subscribed and Sworn to before me this 19 day of January 2022

Notary Public Signature

THEODORE L HAGGERTY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
May 02, 2025

(Seal)

Applicant's initials JM

JOSE AGUSTIN **TURRIZA AHUMADA**

[redacted] Fletcher Road, Windham, NH 03087 · [redacted]
[redacted]@spectramedical.com

EXPERIENCE

JAN. 2017 – TO DATE

CORPORATE DIRECTOR, SPECTRA MEDICAL DEVICES, INC. – *WILMINGTON, MA*

Direct and lead Quality, Regulatory and R&D/Engineering departments while providing support to Medical Device Manufacturing/Distribution and Drug Wholesale Distribution Operations activities at Corporate Offices and Distribution Facilities in USA, with direct oversight to South Korean Medical Device Manufacturing facilities Quality department and support to Manufacturing activities, and Drug Manufacturing Firm (partner). Designated Representative of Spectra Medical for drug manufacturing and wholesale distribution operations.
Reports directly to President / CEO.

JUN. 2010 – JAN. 2015

OPERATIONS MANAGER, SPECTRA MEDICAL DEVICES, INC. – *WILMINGTON, MA*

Direct and lead Operations department at Corporate Offices and Distribution Facilities in USA covering Medical Device Manufacturing/Distribution and Drug Wholesale Distribution Operations activities, with direct oversight and support to South Korean Medical Device Manufacturing facilities, and Drug Manufacturing Firm (partner). Provide support to Quality, Regulatory and Engineering departments.
Reported directly to President / CEO.

JUL. 2005 – JUN. 2010

INTERNATIONAL QUALITY MANAGER, SPECTRA MEDICAL DEVICES, INC. - *WILMINGTON, MA*

Lead Quality and Regulatory departments throughout Corporate Offices and Distribution Facilities in USA covering Medical Device Manufacturing/Distribution and Drug Wholesale Distribution Operations activities, and Medical Device Manufacturing facilities in South Korea. Provide support to Drug Manufacturing Firm (partner).
Reported directly to President / CEO.

MAR. 2003 – JUN. 2005

SR. SUPPLIER QUALITY ENGINEER, BARD HEALTHCARE, INC. – *REYNOSA, MEXICO*

Work with overall supplier issues and projects for the plant. Lead the plant Supplier Management Committee. Lead supplier-related validations or qualifications, and new supplier introductions. Lead annual supplier audit program (pre-assessment, system, surveillance, process, product). Handling of nonconforming product and problem resolution (MRB, MRR, SCAR). Supplier Quality group supervision (SQE, SQT, IQC). Take Manager responsibilities and authority in his absence.
Reported to Supplier Quality Manager.

JAN. 2000 – FEB. 2001

SUPPLIER QUALITY ENGINEER, DELPHI DELCO ELECTRONICS – *REYNOSA, MEXICO*

Manage suppliers with following commodities: Electrical Miscellaneous, Controls & Variable Resistors, Switches, Lamps, LEDs, Displays (VFD & LCD), Printed & Flex Circuit Boards, Gaskets, Die Cuts, Labels, Harnesses & Connectors. Problem resolution, Supplier measurements including Cost of Quality, Communications, and Support including supplier improvement plans and supplier development projects. Reported to Supplier Quality Manager.

JAN. 1998 – JAN. 2000

FAILURE ANALYSIS TECHNICIAN, SEAGATE TECHNOLOGIES – *REYNOSA, MEXICO*

Provide a failure analysis report on each hard drive received, either from internal rejection or a warranty return, using the necessary equipment (computer with interface to the drive and its software, oscilloscope, multimeter, frequency generator, data analyzer, etc.)
Help ISO 9000 coordination and provide training to personnel.
Perform internal audits to the different production lines & clean rooms, taking drives for analysis.
Reported to Quality Assurance Manager.

EDUCATION AND CERTIFICATIONS

1995-1999 – ELECTRONICS & COMPUTATIONAL ENGINEERING (BSEE / BSCE), UNIVERSIDAD AUTONOMA DE TAMAULIPAS – **REYNOSA, MEXICO**

1992-1995 – ELECTRONICS – TECHNICIAN DEGREE, C.B.T.I.S. NO. 7 – **REYNOSA, MEXICO**

2004 – CERTIFIED QUALITY ENGINEER (CQE), AMERICAN SOCIETY OF QUALITY (ASQ)

2005 – CERTIFIED QUALITY AUDITOR (CQA), AMERICAN SOCIETY OF QUALITY (ASQ)

COURSES AND SEMINARS

AUG. 2002 – BPR AND GD&T, UNIVERSITY OF CONTINUOUS EDUCATION

JAN. 2001 – INTERNAL QUALITY AUDITOR, DELPHI DELCO ELECTRONICS

MAR. – MAY 2000 – VISUAL BASIC 6.0, UNIVERSIDAD AUTONOMA DE TAMAULIPAS

JUN. 2000 – STATISTICAL PROCESS CONTROL (SPC) BASIC, DELPHI DELCO ELECTRONICS

JUN. 2000 – PROCESS FAILURE MODE AND EFFECT ANALYSIS, DELPHI DELCO ELECTRONICS

APR. 2000 – GD&T BASIC, DELPHI DELCO ELECTRONICS

APR. 2000 – SUPPLIER PERFORMANCE DEVELOPMENT PROCESS, DELPHI DELCO ELECTRONICS

APR. 2000 – PURCHASING LEAN ENTERPRISE, DELPHI DELCO ELECTRONICS

LANGUAGES & SKILLS

- English & Spanish (bilingual)
- Proficient with Minitab, AutoCAD, Microsoft Office (Word, Excel, PowerPoint, Outlook, Visio and Project); and, able to work with AutoCAD and SolidWorks.
- Adaptability / Fast Learner
- Working efficiently under strict deadlines / time management

REFERENCES

- Tony Arrigo, President / CEO
  Spectra Medical Devices, Inc. [redacted]
- Anthony Micheletti, Quality Manager
  C.R. Bard, Inc. [redacted]

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler (Manufacturer)		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Stratatech Corporation

Physical Address: 535 Science Drive

City: Madison State: WI Zip: 53719

Mailing Address (if different from physical address): Shelbourne Building, 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08827

Telephone: 908-238-5587 Website: https://www2.mallinckrodt.com/stratatech

Name of Designated Representative (DR): Sara Pirnstill

Licensing Company Email: state.licensing@mnk.com DR Email: sara.pirnstill@mnk.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Burn Centers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ~~Stratatech Corporation~~ Move/New application

Address: ~~535 Science Drive~~ City: ~~Madison~~ State: ~~WI~~ Zip: ~~53719~~

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Therakos, Inc.

Corporation Name: Stratatech Corporation

Mailing Address: Shelbourne Building, 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08807

Telephone: 908-238-5587 Email: State.Licensing@mnk.com

Contact Person Name: Jon Green

Section 6: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration (See attached) 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jon Green

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/23/2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check #643171	Processed 12/7/21

491

EXPIRES: 05/31/2022

NO. 495 - 44

The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD

Hereby certifies that

STRATATECH CORPORATION

was granted a license to practice as a

MANUFACTURER

in the State of Wisconsin in accordance with Wisconsin Law
on the 8th day of July in the year 2021.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Pharmacy Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services

STATE OF WISCONSIN
DEPT. OF SAFETY AND PROFESSIONAL SERVICES

DSPS Secretary

Chairperson

Secretary

This certificate was printed on the 12th day of July in the year 2021

(http://dsps.wi.gov/)

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Organization Search Results

Search parameters

Organization Name: Stratatech
Credential/License Number:
Credential Type ID: 44

Return to Search (/)
Total Result Count: 1

Credential/License #	Profession	Name	Location	Granted	Expiration Date
495	MANUFACTURER	STRATATECH CORPORATION (/OrganizationLicense/SearchResultsSummary?chid=1313714)	MADISON WI	07/08/2021	05/31/2022

Requirement Code Description (https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

Return to Search (/)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov).

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATATECH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3382892 8300

SR# 20214173987

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205046584

Date: 12-21-21

Mallinckrodt Pharmaceuticals

Business Entity: Stratatech Corporation
Corporate Business Address: 510 Charmany Drive, Suite 150, Madison WI, 53708
Formation: Delaware

Executive Officers of Stratatech Corporation is:

Name	Title	Business Address
Stephen A. Welch	Vice President and Assistant Secretary	Shelbourne Building, 53 Frontage Road, Suite 300 Hampton, NJ. 08827
Bryan Reasons	President	Shelbourne Building, 53 Frontage Road, Suite 300 Hampton, NJ. 08827
Jon J. Green	Vice President	Shelbourne Building, 53 Frontage Road, Suite 300 Hampton, NJ. 08827

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **Stratatech Corporation**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Stratatech Corporation	3009105377	117110703	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK;	535 Science Drive, Madison, Wisconsin (WI) 53719, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Thursday, Dec 16, 2021

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Verified
3/10/22
MS

STRATATECH

3/2/2022

Last Name	Legal First Name	Location
Alston	Dreanna	ST-Madison - USA504
Berce	Christa	ST-Madison - USA504
Bernauer	Michael	ST-Madison - USA504
Brittan	Jay	ST-Madison - USA504
Chicker	Michael	ST-Madison - USA504
Craig	Kelli	ST-Madison - USA504
Dimitrova	Eva	ST-Madison - USA504
Ferron	Emma	ST-Madison - USA504
Freibergs	Kristine	ST-Madison - USA504
Garcia-Ortiz	GRISEL	ST-Madison - USA504
Hammerer	Lindsey	ST-Madison - USA504
Hernandez	Maria	ST-Madison - USA504
Holub	Tricia	ST-Madison - USA504
LaCombe	Spencer	ST-Madison - USA504
Lee	Hyun Soo	ST-Madison - USA504
Lessner	Sara	ST-Madison - USA504
List	Kristi	ST-Madison - USA504
Lo	Jennifer	ST-Madison - USA504
Marsh	Matthew	ST-Madison - USA504
Menadue	Michelle	ST-Madison - USA504
Nowak	Phillip	ST-Madison - USA504
Olivares	Heidi	ST-Madison - USA504
Olson	Curt	ST-Madison - USA504
Peterson	Candace	ST-Madison - USA504
Pimstill	Sara	ST-Madison - USA504
Porter	Simon	ST-Madison - USA504
Radspinner	Ian	ST-Madison - USA504
Rayhan	Shafee	ST-Madison - USA504
Reed	Justin	ST-Madison - USA504
Reher	Scott	ST-Madison - USA504
Runnheim	Kristin	ST-Madison - USA504
Scharnke	Christopher	ST-Madison - USA504
Scheets	Michael	ST-Madison - USA504
Sleiman	Zeina	ST-Madison - USA504
Smith	Shannon	ST-Madison - USA504
Smith	Nicholas	ST-Madison - USA504
Spradlin	Herbert	ST-Madison - USA504
St. Martin	Kevin	ST-Madison - USA504
Steigerwald	Edward	ST-Madison - USA504
Sutton	Loretta	ST-Madison - USA504
Teal	Robert	ST-Madison - USA504
Vander Zanden	Marie	ST-Madison - USA504
Viegut	Daniel	ST-Madison - USA504
Vorpahl	Brendan	ST-Madison - USA504
Wieczorek	Nathan	ST-Madison - USA504
Wilson	Michael	ST-Madison - USA504
Wohlfert	Daniel	ST-Madison - USA504
Wolf	Alexander	ST-Madison - USA504

Robert Schwartz	22275	Pharmacist	Temporary	01/11/2022	01/11/2022	07/11/2022
Terry Storm	21207	Pharmacist	Temporary	09/20/2021	09/20/2021	03/20/2022
Laureen Nguyen	21367	Pharmacist	Temporary	09/29/2021	09/29/2021	03/29/2022
Peter Sayeh	21365	Pharmacist	Temporary	09/29/2021	09/29/2021	03/29/2022
Mostafa Mohamed Badawy Mohamed	21363	Pharmacist	Temporary	09/29/2021	09/29/2021	03/29/2022
Robert Walker	21427	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Tamara Estrill-Lett	21396	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Derek Fluty	21400	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Madhuri Patel	21406	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Susan Mui	21407	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Yelena Bushong	21359	Pharmacist	Temporary	09/29/2021	09/29/2021	03/29/2022
Lisa Wopperer	21358	Pharmacist	Temporary	09/29/2021	09/29/2021	03/29/2022
Daniel Williamson	21431	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Giang Ngoc Ngo	21386	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Brittney Osterman	21385	Pharmacist	Temporary	09/30/2021	09/30/2021	03/30/2022
Preston Hall	21574	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Allison Aldred	21602	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Cristina Nedelcu	21622	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Isabel Chan	21623	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Mona Patel	21621	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Shannon Dowdy	21675	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Ashutosh Barde	21604	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Long Phan	21606	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Wilber Pleasants	21658	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Randall Berman	21570	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Melanie Lunn	21649	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
James Colla Jr	21635	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Richard Hsu	21644	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Morris Pearson	21619	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
John Borland	21582	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Lucy Nguyen	21613	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Christina Liu	21634	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Nicholas Diamantopoulos	21643	Pharmacist	Temporary	10/07/2021	10/07/2021	04/07/2022
Alan Chang	21591	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Amy Krenski	21589	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
James Bertrand	21616	Pharmacist	Temporary	10/06/2021	10/06/2021	04/06/2022
Chi Jenny Nguyen	21840	Pharmacist	Temporary	11/02/2021	11/02/2021	05/02/2022
Mohini Ghale-Adhikari	22540	Pharmacist	Temporary	03/09/2022	03/09/2022	09/09/2022

RIDER

To be attached to and form part of:

Bond Number 800118839

dated August 18, 2021

issued by the ATLANTIC SPECIALTY INSURANCE COMPANY

in the amount of $25,000.00

on behalf of STRATATECH CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal's Address on the Bond shall be amended:

FROM: 675 McDonnell Blvd., Hazelwood, MO 63042

TO: 535 Science Drive, Madison, WI 53719

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 18th day of August, 2021.

Signed, Sealed & Dated this 19th day of January, 2022.

STRATATECH CORPORATION
(Principal)

By: _____

ATLANTIC SPECIALTY INSURANCE COMPANY
(Surety)

By: _____
Salena Wood, Attorney-in-Fact

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Susan A. Welsh, Sandra M. Winsted, Christopher P. Troha, Michelle D. Krebs, Salena Wood, Sandra M. Nowak, Jennifer Williams, Christina L. Sandoval, Derek J. Elston, Bartlomiej Siepierski, Aerie Walton, Barbara Pannier, Andrew James Marks, Nicholas Pantazis, Kristin L Hannigan, Samantha Chierici, Diane M. O'Leary, Judith A. Lucky-Eftimov, Rachel Fore**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of January, 2022

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

RIDER

To be attached to and form part of:

Bond Number 800118839

dated August 18, 2021

issued by the ATLANTIC SPECIALTY INSURANCE COMPANY

in the amount of $25,000.00

on behalf of STRATATECH CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal's Address on the Bond shall be amended:

FROM: 675 McDonnell Blvd., Hazelwood, MO 63042

TO: 535 Science Drive, Madison, WI 53719

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 18th day of August, 2021.

Signed, Sealed & Dated this 19th day of January, 2022.

STRATATECH CORPORATION
(Principal)

By: _____

ATLANTIC SPECIALTY INSURANCE COMPANY
(Surety)

By: _____
Salena Wood, Attorney-in-Fact

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Susan A. Welsh, Sandra M. Winsted, Christopher P. Troha, Michelle D. Krebs, Salena Wood, Sandra M. Nowak, Jennifer Williams, Christina L. Sandoval, Derek J. Elston, Bartlomiej Siepierski, Aerie Walton, Barbara Pannier, Andrew James Marks, Nicholas Pantazis, Kristin L Hannigan, Samantha Chierici, Diane M. O'Leary, Judith A. Lucky-Eftimov, Rachel Fore**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

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IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of January, 2022

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800118839

Application/License No. _____

STRATATECH CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 675 McDonnell Blvd. Hazelwood, MO 63042 (Address of Applicant/Principal), as PRINCIPAL, and ATLANTIC SPECIALTY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of NY (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 18, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of August, 2021.

APPLICANT/PRINCIPAL
STRATATECH CORPORATION

Authorized Representative

SURETY COMPANY
ATLANTIC SPECIALTY INSURANCE COMPANY

Salena Wood
Surety Company's Representative

Salena Wood, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

KAREN L. RANKIN
Notary Public - Notary Seal
St Charles County - State of Missouri
Commission Number 14551837
My Commission Expires Dec 3, 2022

Countersigned by:
Salena Wood
Nevada Resident Agent
Salena Wood, Nevada Non-Resident Agent
License No. 3183999

intact INSURANCE

Power of Attorney

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ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

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Signed and sealed. Dated 18TH day of August, 2021

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

AON

Empower Results®

August 18, 2021

Charles Grumbach
STRATATECH CORPORATION
675 McDonnell Blvd.
Hazelwood, MO 63042

RE: THE NEVADA STATE BOARD OF PHARMACY
Bond #: 800118839
Project: Pharmaceutical Wholesaler
Bond Amount: $25,000.00

Dear Charles:

Enclosed please find the above captioned bond(s) executed per your request.

The bond(s) must be signed by an authorized representative of your company, notarized and sealed with the corporate seal if applicable. Bond executed in 1 counterparts.

It is your responsibility to carefully review the bond(s) prior to execution to verify they have been presented on the correct form with the appropriate names(s), bond amounts and dates, and to ensure the bond(s) conform with your needs and instructions to us and provide the appropriate terms to all parties. Any discrepancies, deficiencies or modifications must immediately be brought to our attention, in writing. Failing such advice to us, you understand we will have no liability for any deficiencies or discrepancies in or required modifications to the bond(s).

By affixing your signature, executing and providing this bond(s) to the obligee you are verifying and, we will justifiably assume, the bond(s) has been issued correctly with the best interests and requirements of all parties being properly considered.

Sincerely,

Salena Wood

Salena Wood
Record #: 2826768

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Stratatech Corporation

Physical Address: 535 Science Drive

City: Madison State: WI Zip: 53719

Mailing Address (if different from physical address): Shelbourne Building , 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08827

Telephone: 908-238-5587 Website: https://www2.mallinckrodt.com/stratatech

Licensing Company Email: State.Licensing@mnk.com

Section 2: Personal Information

First: Sara Middle: C. Last: Pirnstill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Rosslare Lane

City: Fitchburg State: WI Zip: 53711

Telephone: [redacted] Email: State.Licensing@mnk.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: SP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Madison		09/97 - 05/01	
Address	**City**	**State**	**Zip**
333 East Campus Mall	Madison	WI	53715
Diploma/Degree obtained, if any	Bachelors of Science		

School Name		From - To (MM/YY – MM/YY)	
Lincoln High School		09/94 - 06/97	
Address	**City**	**State**	**Zip**
1433 South 18th Street	Manitowoc	WI	54220
Diploma/Degree obtained, if any	High School Diploma		

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

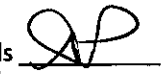
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/19 - Present	[redacted] Rosslare Lane	Fitchburg	WI	53711
07/05 - 06/19	[redacted] Jacquelyn Drive	Fitchburg	WI	53711

Applicant's initials AP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Stratatech / Mallinckrodt			From - To (MM/YY – MM/YY): 01/21 - Present	
Business Address: 510 Charmany Drive, Suite150	City: Madison		State: WI	Zip: 53719
Phone: 608-630-0265	Title: Site Director		Number of Employed Hours: 1800	
Description of Duties: Responsible for all operational activities, including oversite of ~45 operations staff, related to novel biologic product launch - STRATAGRAFT and associated pipeline. Includes oversite for: manufacturing operations, facilities and equipment, EH&S and supply chain (i.e. dispensing, distribution and record keeping related to prescription drugs).				
Business Name: Stratatech / Mallinckrodt			From - To (MM/YY – MM/YY): 10/17-2/18, 7/18-1/21	
Business Address: 510 Charmany Drive, Suite150	City: Madison		State: WI	Zip: 53719
Phone: 608-630-0265	Title: Director of Biomanufacturing		Number of Employed Hours: 6055	
Description of Duties: Site lead for all product manufacturing including STRATAGRAFT and world's first genetically engineered tissue. Included oversite for ~12 manufacturing operators and all manufacturing operations for an aseptic product. Supported design, renovation, expansion of cGMP manufacturing facility.				
Business Name: See Attached Resume			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

NA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

22 Nov 2021

Date

Applicant's initials

I, Sara Pirnstill, **certify that as the designated representative for** Stratatech Corporaton,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sara Pirnstill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

22 Nov 2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sara Pirnstill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

22 Nov 2021

Date

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Dane

I, Sara Pirnstill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

22 Nov 2021

Date

Subscribed and Sworn to before me this 22 day of November, 2021

Notary Public Signature

(Seal)

Applicant's initials

Sara C. Pirnstill

[redacted] Rosslare Lane, Fitchburg WI 53711

[redacted]@uwalumni.com

SUMMARY QUALIFICATIONS

Operations leader with proven record of high-performance and effective leadership. Extensive experience in research and process/product development, technology transfer, cGMP aseptic manufacturing and quality management for cell-based regenerative medicine strategies. Successful in small to midsized start-up setting and midsize pharmaceutical environment. Familiarity with funding streams through National Institutes of Health (NIH) and U.S. government contracts, including a $247M contract with Biomedical Advanced Research and Development Authority (BARDA), awarded to progress technologies towards commercialization and acquisition. Strong foundation in cell culture, aseptic technique and processes, training and environmental monitoring program development.

CORE COMPETENCIES

Technical	Leadership	Systems
Aseptic Cleanroom Operations	Project Management	cGMP Quality Systems
Cell Culture	Talent Recruitment	MasterControl (eQMS)
Environmental Monitoring	Personnel Management	Lean Six Sigma
Biological Products	Training	Operations and Facilities
Biomanufacturing / Tech Transfer / Process & Product Development	Multi-disciplinary Team Integration	Microsoft Office
	Business Development	

EDUCATION & TRAINING

Bachelor of Science (2001), Biology / Zoology, University of Wisconsin - Madison
Lean/Six Sigma Black Belt Certification (2019), University of Wisconsin School of Business, Madison, WI

PROFESSIONAL EXPERIENCE

Stratatech – A Mallinckrodt Company, Madison, WI (Acquired by Mallinckrodt in September 2016)

Site Director – Stratatech (Jan. 2021 – present)

- Responsible for full P&L of Stratatech Site (Madison West, ~80 individuals) ensuring reliability of service and quality of product and includes
- Responsible for all operational activities, including oversite of ~45 operations staff, related to novel biologic product launch - Stratagraft® (Engineered Skin Tissue Substitute) and associated pipeline including oversite for the following functions: manufacturing operations, facilities and equipment, EH&S and supply chain (i.e. dispensing, distribution and record keeping related to prescription drugs).
- Part of CMC leadership team responsible for support of PAI preparedness and product BLA approval.
- Accountable for operational deliverable and milestones as agreed per governmental contracts (BARDA and DOD)

Director of Biomanufacturing (Oct. 2017 – Feb. 2018 & July 2018 – Jan. 2021)

- Site head for all product manufacturing campaigns including flagship StrataGraft skin tissue (Phase IIa/b, Phase III) and the world's first genetically enhanced tissue product line, ExpressGraft skin tissue (Phase I).
- Member of Biologics License Application (BLA) dossier team for strategy development and creation of documents to support upcoming filing. Participated in drafting and editing of CMC documentation for the BLA. Submitted BLA March 2020.
- Audit co-lead during governmental agency cGMP systems and compliance audits.
- Developed and implemented strategy for aseptic process qualification of a biologic product with complex manipulations and open processing steps.

Sara C. Pirnstill
[redacted] Rosslare Lane, Fitchburg WI 53711
[redacted]@uwalumni.com

- Drove site strategy and managed implementation of several key initiatives for Pre-Approval Inspection readiness including a continuous non-viable monitoring system in the ISO5 critical processing environments, packaging of a key product excipient, facility tour preparations and response to FDA inquires.

Interim Director of Quality (Feb. 2018 – July 2018)

- Led and managed all site QA and QC personnel.
- Led process improvement effort to drive closure of open documents (deviations, out of specifications, investigations, CAPA, etc.) from prior year to eliminate non-compliance risk. Reduced volume of open documents from >100 to 0 in less than 6 months with improved process and reduction in closure time from average of 156 days to 24 days.
- Managed site-wide implementation of eQMS modules for deviations, CAPA and non-conforming materials. Implementation exceed predicted schedule.
- Prepared gap assessment of quality organization structure and developed hiring strategy for above site management.
- Guided stability failure investigation to closure resulting in containment of material and sustained inventory for clinical use.

Manufacturing Manager (Jan. 2013 – Oct. 2017)

- Manufacturing representative supporting renovation, expansion, and operation of a cGMP manufacturing facility with 6,000 ft2 of ISO 7 cleanroom space and primary responsible party for the functional design and layout of ISO 7 space.
- Supportive of process development and oversaw technology transfer initiatives to manufacturing including generation of master batch production records and process SOPs (e.g. Line clearance/segregation, labeling, equipment maintenance, etc.) as well as facility personnel, materials & waste flow procedures.
- Developed initial environmental monitoring and cleaning program necessary to support cGMP manufacturing of a Phase III aseptically processed biological product.
- Worked closely with Site Quality Director for 12+ months to develop all procedures necessary to bring cGMP manufacturing nnder the control of the Stratatech Quality Systems and operational in a newly-owned and renovated manufacturing facility.
- Drove training initiatives for manufacturing team and developed training program to ensure transition of staff into proficient and contributing members of the manufacturing team.
- Led Stratatech operations team during integration into Mallinckrodt Pharmaceuticals global operations unit following acquisition and achieved 100% of integration milestones.
- Executed key experiments and supported the drafting, editing and review of regulatory documentation, including Chemistry, Manufacturing, and Controls (CMC) amendments, to support Stratatech's Investigational New Drug (IND) applications.
- Participated in and developed presentation materials for strategic meetings involving BARDA, Mallinckrodt global operations and the FDA.
- Key contributor for development of 5 year, $247M contract with Biomedical Advanced Research and Development Authority (BARDA) to support skin tissue product commercialization.

Stratatech Corporation, Madison, WI

Operations / Research Laboratory Manager (Nov. 2007 – Dec. 2012)

- Developed initial cost of goods sold models to identify cost savings opportunities, support the development of market assessments, and generate commercialization strategies.
- Worked closely with vendors of critical raw materials to ensure accurate and fair pricing of goods.
- Served as primary point of contact for contract negotiations with Waisman BioManufacturing (WB) to guarantee access to CMO for early stage clinical manufacturing.
- Participated in the development of and tech transfer of custom plasticware and media to support format and size change for StrataGraft skin tissue.

Research Laboratory Manager / Safety Officer (Jan. 2005 – Nov. 2007)

- Managed all research laboratory spaces for Stratatech Corporation.
- Developed and implemented initial safety program for site.

Sara C. Pirnstill
[redacted] Rosslare Lane, Fitchburg WI 53711
[redacted]@uwalumni.com

- Served as primary responsible party for purchasing of all laboratory supplies and equipment including primary contact for all vendor interactions.
- Developed and implemented initial paper-based inventory control program.
- Active participant in first clinical manufacturing campaign for the production of StrataGraft skin tissue and working cell bank generation to support cGMP production.
- Continued supporting research efforts for a genetically-enhanced pipeline product (VEGF) with the intent of treatment for venous ulcers.
- Primary contact for sales, support and production of StrataTest test tissue, a miniature model that could be used for *in vitro* toxicology skin studies.
- Supported continued process development and refinement efforts for StrataGraft skin tissue including development of custom assays for a biological product such as viability assessment and barrier function as measured by electrical impedence.

Assistant Scientist (May 2001 – Jan. 2005)

- Primary responsible party for maintaining serially passaged cultures of human keratinocyte (NIKS) and fibroblast (NHDF) cell lines.
- Participated in several research projects requiring cell and tissue culture skills as well as and molecular biological assays involving DNA/RNA extraction, bacterial cloning, PCR, western, southern and dot blots, ELISA, cell migration assays, and electroporation and transfection of mammalian cell lines.
- Responsible for general upkeep and maintenance of the laboratory spaces including material stocking/staging, cell culture media and supplement preparation, glassware cleaning and autoclaving, and waste management.

Ann Palmenberg Laboratory, Department of Virology, University of Wisconsin - Madison, WI
Research Assistant / Laboratory Technician (Aug. 1998 – Jun. 2001)

- Responsible for general maintenance and upkeep of the laboratory.
- Duties included HELA cell line serial culture, cell culture media production, material receipt, supply inventory and stocking, waste management and cleaning/autoclaving glassware.
- Also participated in small research projects under the direction of the graduate students in the lab.

HONORS AND INVOLVEMENT

- 2016 - Present Fundraising Chair, Fall Fiesta, Aldo Leopold Parent/Faculty Organization, Madison WI
- 2019 – 2020 President, Aldo Leopold Parent/Faculty Organization, Madison WI
- 2017 – 2020 Board of Directors, Parent Representative, Woods Hollow Children's Center, Madison WI

PUBLICATIONS

1. Rasmussen C, Gratz K, Liebel F, Southall M, Garay M, Bhattacharyya S, Simon N, Vander Zanden M, Van Winkle K, Pirnstill J, **Pirnstill S**, Comer A, Allen-Hoffmann BL. (2010) The StrataTest® human skin model, a consistent in vitro alternative for toxicological testing. Toxicol In Vitro. 24(7):2021-2029. ***PMID: 20688150***

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Stratatech Corporation

Physical Address: 535 Science Drive

City: Madison State: WI Zip: 53719

Mailing Address (if different from physical address): Shelbourne Building, 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08827

Telephone: 908-238-5587 Website: https://www2.mallinckrodt.com/stratatech

Licensing Company Email: state.Licensing@mnk.com

Section 2: Personal Information

First: Stephen Middle: A. Last: Welch

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Bridgemore Lane

City: Louisville State: KY Zip: 40245

Telephone: [redacted] Email: state.licensing@mnk.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
North High School			06/1994	
Address	**City**		**State**	**Zip**
300 Galaxy Ave.	Bakersfield		CA	93308
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
California State University, Bakersfield			06/1998	
Address	**City**		**State**	**Zip**
9001 Stockdale Hwy	Bakersfield		CA	93311
Diploma/Degree obtained, if any				
BA				
School Name			**From - To (MM/YY – MM/YY)**	
Georgetown University, Law Center			05/2001	
Address	**City**		**State**	**Zip**
600 New Jersey Ave NW	Washington		D.C.	2001
Diploma/Degree obtained, if any				
JD				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21 to Present	[redacted] Bridgemore Lane	Louisville	KY	40245
7/18 to 11/21	[redacted] Sunnybrook Road	Basking Ridge	NJ	07920
11/12 to 7/18	[redacted] Edwin Ave	St. Louis	MO	63122

Applicant's Initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Mallinckrodt Pharmaceuticals			From - To (MM/YY – MM/YY): 10/12 to Present
Business Address: Shelbourne Building, 53 Frontage Road, Suite 300	City: Hampton	State: NJ	Zip: 08827
Phone: 908-997-9292	Title: Vice President and Assistant Secretary		
Description of Duties: Focuses on CFO responsibilities and reporting to segment president in that capacity.			

Business Name: Human Genome Sciences, Inc.			From - To (MM/YY – MM/YY): 11/10 to 11/12
Business Address: 14200 Shady Grove Road	City: Rockville	State: MD	Zip: 20850
Phone:	Title: Director of Tax		
Description of Duties: Responsible for delivering an internal Tax function and oversight of risk management.			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's Initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/12/2020	In process	DE	Wilmington	New Castle

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Case No. 20-12522	US Bankruptcy Court for the District of Delaware

Reason/Charge
Voluntarily initiated Chapter 11

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
See SEC filing - 8K (attached)	Bankruptcy

Name of Business/Industry/Entity
Mallinckrodt plc

Provide explanation below:

Stratatech Corporation is a wholly-owned subsidiaries of Mallinckrodt plc, a company currently undergoing a Chapter 11 restructuring in U.S. Bankruptcy Court along with many of its subsidiaries. Mr. Welch serves as a corporate officer of many Mallinckrodt subsidiaries which are subject to various litigations. See attached SEC Form 8-K filing.

Original Signature (electronic, copies or stamps not accepted)

12/3/2021
Date

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/12/2020	In process	DE	Wilmington	New Castle

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Case No. 20-12522	US Bankruptcy Court for the District of Delaware

Reason/Charge
Voluntarily initiated Chapter 11

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
See SEC filing - 8K (attached)	Bankruptcy

Name of Business/Industry/Entity
Mallinckrodt plc

Provide explanation below:

Stratatech Corporation is a wholly-owned subsidiaries of Mallinckrodt plc, a company currently undergoing a Chapter 11 restructuring in U.S. Bankruptcy Court along with many of its subsidiaries. Mr. Welch serves as a corporate officer of many Mallinckrodt subsidiaries which are subject to various litigations. See attached SEC Form 8-K filing.

Original Signature (electronic, copies or stamps not accepted)

12/3/2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen A. Welch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Sussex

I, Stephen A. Welch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/3/2021

Date

Subscribed and Sworn to before me this 3rd day of December 2021

Notary Public Signature

Christine Marie Pote
Notary Public
State of New Jersey
ID #2361504
My Commission Expires June 29, 2022

(Seal)

Applicant's Initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Stratatech Corporation

Physical Address: 535 Science Drive

City: Madison State: Wi Zip: 53719

Mailing Address (if different from physical address): Shelbourne Building, 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08827

Telephone: 908-238-5587 Website: https://www2.mallinckrodt.com/stratatech

Licensing Company Email: state.Licensing@mnk.com

Section 2: Personal Information

First: Bryan Middle: Marlen Last: Reasons

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Linden Lane

City: Chatham State: NJ Zip: 07928

Telephone: [redacted] Email: State.Licensing@mnk.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Widener University				
Address	**City**		**State**	**Zip**
One University Pl	Chester		PA	19013
Diploma/Degree obtained, if any				
Masters in Business Administration (I				

School Name			From - To (MM/YY – MM/YY)	
Pennsylvania State University -Smeal College of Business				
Address	**City**		**State**	**Zip**
210 Business Building	University Park		PA	16802
Diploma/Degree obtained, if any				
Bachelor of Science				

School Name			From - To (MM/YY – MM/YY)	
Unionville High School				
Address	**City**		**State**	**Zip**
740 Unionville Road	Kennett Square		PA	19348
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15 to Present	[redacted]Linden Lane	Chatham	NJ	07928
06/10 to 08/15	[redacted] Laurelwood Dr.	Danville	CA	94506

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Mallinckrodt Pharmaceuticals			From - To (MM/YY – MM/YY): 03/19 to Present
Business Address: Shelbourne Building, 53 Frontage Road, Suite 300	City: Hampton	State: NJ	Zip: 08827
Phone: 908-997-9289	Title: President		
Description of Duties: Responsibilities Include: Accounting, Treasury, SEC Reporting, Management Reporting, Financial Planning and Analysis, Business Development, Investor Relations and Corporate Communications, Internal Audit and Information Technology (IT&S), Global Procurement			

Business Name: Impax Labs / Amneal			From - To (MM/YY – MM/YY): 11/11 to 03/19
Business Address: 400 Crossing Boulevard, 5th Floor	City: Bridgewater	State: NJ	Zip: 08807
Phone: 732-595-4575	Title: Senior Vice President, Chief Financial Officer		
Description of Duties: Responsibilities Include: Accounting, Treasury, SEC Reporting, Management Reporting, Financial Planning and Analysis, Business Development, Investor Relations and Corporate Communications, Internal Audit and Information Technology (IT&S)			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/16/2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan M Reasons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hunterdon

I, Bryan M Reasons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/2021

Date

Subscribed and Sworn to before me this 16th day of November, 2021

Notary Public Signature

LINDA GREEN
Commission # 2166212
Notary Public, State of New Jersey
My Commission Expires
May 26, 2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Stratatech Corporation

Physical Address: 535 Science Drive

City: Madison State: WI Zip: 53719

Mailing Address (if different from physical address): Shelbourne Building, 53 Frontage Road, Suite 300

City: Hampton State: NJ Zip: 08827

Telephone: 908-238-5587 Website: https://www2.mallinckrodt.com/stratatech

Licensing Company Email: state.Licensing@mnk.com

Section 2: Personal Information

First: Jon Middle: J. Last: Green

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Birchwood Road

City: Bedminster State: NJ Zip: 07921

Telephone: [redacted] Email: state.licensing@mnk.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Brentwood High School			09/79 - 05/83	
Address		**City**	**State**	**Zip**
2221 High School Dr		Brentwood	MO	63144
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Webster University			05/2006 - 5/2007	
Address		**City**	**State**	**Zip**
470 E Lockwood Ave,		Webster Groves	MO	63119
Diploma/Degree obtained, if any				
Bachelor of Arts				
School Name			**From - To (MM/YY – MM/YY)**	
Webster University			05/2007 - 04/2009	
Address		**City**	**State**	**Zip**
470 E Lockwood Ave		Webster Groves	MO	63119
Diploma/Degree obtained, if any				
Master of Laws				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/10 - 02/17	[redacted] N. Harrison Ave	Kirkwood	M0	63122
02/17 - present	[redacted] Birchwood Road	Bedminster	NJ	07921
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Mallinckrodt Pharmaceuticals			From - To (MM/YY – MM/YY): 01/99 to Present
Business Address: Shelbourne Building, 53 Frontage Road, Suite 300	City: Hampton	State: NJ	Zip: 08827
Phone: 908-238-5587	Title: Vice President		
Description of Duties: Legal and Compliance Manager for Mallinckrodt Pharmaceuticals, a specialty BioPharmaceutical company. Experience includes a diverse pharmaceutical background including various lead compliance positions at several company locations in Regulatory Affairs, Quality, Legal, Manufacturing and Distribution.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____ 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? See 8K - attached	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/12/2020	Ongoing	DE	Wilmington	New Castle
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case No. 20-12522.		U.S. Bankruptcy Court for the District of Delaware.		
Reason/Charge				
Voluntarily initiated Chapter 11				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
See SEC 8K - attached			Bankruptcy	
Name of Business/Industry/Entity				
Mallinckrodt plc				

Provide explanation below:

All matters related to the ongoing voluntarily initiated Chapter 11 restructuring proceedings in the U.S. Bankruptcy Court for the District of Delaware are in the public record and described in the attached SEC 8-K filings.

I (Jon Green) am not personally named as a defendant in any of these matters.

Original Signature (electronic, copies or stamps not accepted)

11/23/2021
Date

Applicant's initials 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jon J. Green

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/23/2021

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Jon J. Green, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/23/2021

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials _____

	[redacted]	Mechanic at OOO "Fakel Plus" Address: 399148, Lipetsk region, the village of Maly Khomutets, str. Lenina, house 63	Russia
Israel Larrondo		Renewable Energy Technician at PEMOG Principal Business: Energy Address: Juan Carlos I. 31. 28660. Boadilla del Monte. Madrid. Spain.	Spain
David Lamb		Digital Design Engineer at Skyworks Solutions, Inc. Principal Business: Semiconductors Address: 1600 NW Compton Drive, Suite 300, Hillsboro, OR 97006	USA

Schedule B

Schedule B of Schedule 13D is hereby amended and restated in its entirety to read as follows:

Name	Aggregate Number of Shares Owned	Percentage of Class	Sole Voting Power	Shared Voting Power	Sole Dispositive Power	Shared Dispositive Power
Valerii Mansurov	400,000	0.5%	400,000	0	400,000	0
Vladimir Kovalenko	370,183	0.4%	370,183	0	370,183	0
Kharkov Aleksandr Sergeevich	255,000	0.3%	255,000	0	255,000	0
Thomas Gitter	235,250	0.3%	0	235,250	0	235,250
Elena Tsygankova	228,000	0.3%	0	228,000	0	228,000
Vladislav Dikii	220,000	0.3%	220,000	0	220,000	0
Daniliuk Kirill Vladimirovich	193,000	0.2%	193,000	0	193,000	0
Roman Dontsov Valentinovich	135,212	0.2%	135,212	0	135,212	0
Alexey Evgeneevich Ilinykh	121,388	0.1%	121,388	0	121,388	0
Alexey Isaev	121,347	0.1%	121,347	0	121,347	0
Alexander Koch	120,000	0.1%	120,000	0	120,000	0
James Jonathan Josey	111,400	0.1%	111,400	0	111,400	0
Pradeep Vasudeva	101,900			0	101,900	0

Kadambi		0.1%	101,900			
Kimberly Tully	96,843	0.1%	96,843	0	96,843	0
Edgard Gafurov	96,512	0.1%	96,512	0	96,512	0
Joan l. Barry Revocable Trust (Dtd. 12/13/13)	93,000	0.1%	93,000	0	93,000	0
Zavolozhin Sergey Vladimirovich	91,413	0.1%	91,413	0	91,413	0
James Paul Carey	90,000	0.1%	90,000	0	90,000	0
Janice J. O'Connor	84,000	0.1%	84,000	0	84,000	0
Yushenkova Olga Petrovna	77,699	0.1%	77,699	0	77,699	0
Vanik Petrosian	74,300	0.1%	74,300	0	74,300	0
Richard Barry	72,285	0.1%	72,285	0	72,285	0
Victor Viktorovich Borodaenko	70,803	0.1%	70,803	0	70,803	0
Igor Gnativ	66,651	0.1%	66,651	0	66,651	0
Carleen Walsh	64,654	0.1%	64,654	0	64,654	0
Aleksandr Aleksandrovich Morozov	61,499	0.1%	61,499	0	61,499	0
Andrew Gruber	60,000	0.1%	60,000	0	60,000	0
Denis Baykin	59,804	0.1%	59,804	0	59,804	0
Ryzhov Evgenii Nikolaevich	56,000	0.1%	56,000	0	56,000	0
Chris Tichenor	54,000	0.1%	54,000	0	54,000	0
Victor Pardo	52,080	0.1%	52,080	0	52,080	0
Oksana Dmitrievna Trofimova	50,547	0.1%	50,547	0	50,547	0
Aleksei Gudz	50,547	0.1%	50,547	0	50,547	0
Alex Peter Wounlund	47,018	0.1%	47,018	0	47,018	0
Petr Hoferek	45,100	0.1%	45,100	0	45,100	0
John V. Barry Revocable Trust (Dtd. 12/13/13)	44,000	0.1%	44,000	0	44,000	0
Nepiyvoda Kirill Nikolaevich	40,000	0.0%	40,000	0	40,000	0
Mary Dunne	39,347	0.0%	39,347	0	39,347	0
Aleksei Chernyshev	36,310	0.0%	36,310	0	36,310	0
Israel Larrondo	23,634	0.0%	23,634	0	23,634	0
David Lamb	17,632	0.0%	17,632	0	17,632	0

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

BUXTON HELMSLEY HOLDINGS, INC.

By: /s/ Alexander E. Parker — October 14, 2021
Name: Alexander E. Parker
Title: Director

THE BUXTON HELMSLEY GROUP, INC.

By: /s/ Alexander E. Parker — October 14, 2021
Name: Alexander E. Parker
Title: Senior Managing Director

ALEXANDER E. PARKER

By: /s/ Alexander E. Parker — October 14, 2021
Name: Alexander E. Parker

VALERII MANSUROV

By: */s/ Valerii Mansurov — October 14, 2021
Name: Valerii Mansurov

VLADIMIR KOVALENKO

By: */s/ Vladimir Kovalenko — October 14, 2021
Name: Vladimir Kovalenko

KHARKOV ALEKSANDR SERGEEVICH

By: */s/ Kharkov Aleksandr Sergeevich — October 14, 2021
Name: Kharkov Aleksandr Sergeevich

THOMAS GITTER

By: */s/ Thomas Gitter — October 14, 2021
Name: Thomas Gitter

ELENA TSYGANKOVA

By: */s/ Elena Tsygankova — October 14, 2021
Name: Elena Tsygankova

VLADISLAV DIKII

By: */s/ Vladislav Dikii — October 14, 2021
Name: Vladislav Dikii

DANILIUK KIRILL VLADIMIROVICH

By: */s/ Daniliuk Kirill Vladimirovich — October 14, 2021
Name: Daniliuk Kirill Vladimirovich

ROMAN DONTSOV VALENTINOVICH

By: */s/ Roman Dontsov Valentinovich — October 14, 2021
Name: Roman Dontsov Valentinovich

ALEXEY EVGENEEVICH ILINYKH

By: */s/ Alexey Evgeneevich Ilinykh — October 14, 2021
Name: Alexey Evgeneevich Ilinykh

ALEXEY ISAEV

By: */s/ Alexey Isaev — October 14, 2021
Name: Alexey Isaev

ALEXANDER KOCH

By: */s/ Alexander Koch
Name: Alexander Koch

October 14, 2021

JAMES JONATHAN JOSEY

By: */s/ James Jonathan Josey
Name: James Jonathan Josey

October 14, 2021

PRADEEP VASUDEVA KADAMBI

By: */s/ Pradeep Vasudeva Kadambi
Name: Pradeep Vasudeva Kadambi

October 14, 2021

KIMBERLY TULLY

By: */s/ Kimberly Tully
Name: Kimberly Tully

October 14, 2021

EDGARD GAFUROV

By: */s/ Edgard Gafurov
Name: Edgard Gafurov

October 14, 2021

JOAN I. BARRY REVOCABLE TRUST (DTD. 12/13/13)

By: */s/ Janice J. O'Connor
Name: Janice J. O'Connor
Title: Co-Trustee

October 14, 2021

ZAVOLOZHIN SERGEY VLADIMIROVICH

By: */s/ Zavolozhin Sergey Vladimirovich
Name: Zavolozhin Sergey Vladimirovich

October 14, 2021

JAMES PAUL CAREY

By: */s/ James Paul Carey — October 14, 2021
Name: James Paul Carey

JANICE J. O'CONNOR

By: */s/ Janice J. O'Connor — October 14, 2021
Name: Janice J. O'Connor

YUSHENKOVA OLGA PETROVNA

By: */s/ Yushenkova Olga Petrovna — October 14, 2021
Name: Yushenkova Olga Petrovna

VANIK PETROSIAN

By: */s/ Vanik Petrosian — October 14, 2021
Name: Vanik Petrosian

RICHARD BARRY

By: */s/ Richard Barry — October 14, 2021
Name: Richard Barry

VICTOR VIKTOROVICH BORODAENKO

By: */s/ Victor Viktorovich Borodaenko — October 14, 2021
Name: Victor Viktorovich Borodaenko

IGOR GNATIV

By: */s/ Igor Gnativ — October 14, 2021
Name: Igor Gnativ

CARLEEN WALSH

By: */s/ Carleen Walsh October 14, 2021
Name: Carleen Walsh

ALEKSANDR ALEKSANDROVICH MOROZOV

By: */s/ Aleksandr Aleksandrovich Morozov October 14, 2021
Name: Aleksandr Aleksandrovich Morozov

ANDREW GRUBER

By: */s/ Andrew Gruber October 14, 2021
Name: Andrew Gruber

DENIS BAYKIN

By: */s/ Denis Baykin October 14, 2021
Name: Denis Baykin

RYZHOV EVGENII NIKOLAEVICH

By: */s/ Ryzhov Evgenii Nikolaevich October 14, 2021
Name: Ryzhov Evgenii Nikolaevich

CHRIS TICHENOR

By: */s/ Chris Tichenor October 14, 2021
Name: Chris Tichenor

VICTOR PARDO

By: */s/ Victor Pardo October 14, 2021
Name: Victor Pardo

OKSANA DMITRIEVNA TROFIMOVA

By: */s/ Oksana Dmitrievna Trofimova
Name: Oksana Dmitrievna Trofimova

October 14, 2021

ALEKSEI GUDZ

By: */s/ Aleksei Gudz
Name: Aleksei Gudz

October 14, 2021

ALEX PETER WOUNLUND

By: */s/ Alex Peter Wounlund
Name: Alex Peter Wounlund

October 14, 2021

PETR HOFEREK

By: */s/ Petr Hoferek
Name: Petr Hoferek

October 14, 2021

JOHN V. BARRY REVOCABLE TRUST (DTD. 12/13/13)

By: */s/ Janice J. O'Connor
Name: Janice J. O'Connor
Title: Co-Trustee

October 14, 2021

NEPIYVODA KIRILL NIKOLAEVICH

By: */s/ Nepiyvoda Kirill Nikolaevich
Name: Nepiyvoda Kirill Nikolaevich

October 14, 2021

MARY DUNNE

By: */s/ Mary Dunne
Name: Mary Dunne

October 14, 2021

ALEKSEI CHERNYSHEV

By: */s/ Aleksei Chernyshev — October 14, 2021
Name: Aleksei Chernyshev

ISRAEL LARRONDO

By: */s/ Israel Larrondo — October 14, 2021
Name: Israel Larrondo

DAVID LAMB

By: */s/ David Lamb — October 14, 2021
Name: David Lamb

*By: /s/ Alexander E. Parker — September 14, 2021
Name: Alexander E. Parker
Title: Attorney-in-Fact

SC 13D/A 1 formsc13da.htm FORM SC 13D/A

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13D/A

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO § 240.13d-1(a) AND AMENDMENTS THERETO FILED PURSUANT TO § 240.13d-2(a)

Under the Securities Exchange Act of 1934
(Amendment No. 6)*

Mallinckrodt plc
(Name of Issuer)

Ordinary shares, par value $0.20 per share
(Title of Class of Securities)

G5785G107
(CUSIP Number)

The Buxton Helmsley Group, Inc.
1185 Avenue of the Americas, Floor 3
New York, N.Y. 10036-2600
Tel.: +1 (212) 561-5540
(Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

October 14, 2021
(Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition that is the subject of this Schedule 13D, and is filing this schedule because of §§ 240.13d-1(e), 240.13d-1(f) or 240.13d-1(g), check the following box [ ].

Note: Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See § 240.13d-7(b) for other parties to whom copies are to be sent.

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Buxton Helmsley Holdings, Inc.
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X]

	(b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) WC		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Michigan		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH		7	SOLE VOTING POWER 0
		8	SHARED VOTING POWER 1,591,430
		9	SOLE DISPOSITIVE POWER 0
		10	SHARED DISPOSITIVE POWER 1,591,430
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,591,430		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 1.9%[1]		
14	TYPE OF REPORTING PERSON (See Instructions) HC, CO		

[1] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) The Buxton Helmsley Group, Inc.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) WC		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Michigan		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 0	
	8	SHARED VOTING POWER 1,591,430	
	9	SOLE DISPOSITIVE POWER 0	
	10	SHARED DISPOSITIVE POWER 1,591,430	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,591,430		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 1.9%[2]		
14	TYPE OF REPORTING PERSON (See Instructions) CO, IA		

[2] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Alexander Parker		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) AF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION USA		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 0	
	8	SHARED VOTING POWER 1,591,430	
	9	SOLE DISPOSITIVE POWER 0	
	10	SHARED DISPOSITIVE POWER 1,591,430	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,591,430		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 1.9%[3]		
14	TYPE OF REPORTING PERSON (See Instructions) HC, IN		

[3] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Valerii Mansurov		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 400,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 400,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 400,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.5%[34]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[34] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Vladimir Kovalenko	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]	
3	SEC USE ONLY	
4	SOURCE OF FUNDS (See Instructions) PF	
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]	
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 370,183
	8	SHARED VOTING POWER 0
	9	SOLE DISPOSITIVE POWER 370,183
	10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 370,183	
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]	
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.4%[5]	
14	TYPE OF REPORTING PERSON (See Instructions) IN	

[5] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Kharkov Aleksandr Sergeevich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 255,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 255,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 255,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.3%[6]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[6] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Thomas Gitter		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Wisconsin		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 0	
	8	SHARED VOTING POWER 235,250	
	9	SOLE DISPOSITIVE POWER 0	
	10	SHARED DISPOSITIVE POWER 235,250	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 235,250		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.3%[8]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[8] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Elena Tsygankova		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) WC		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 0	
	8	SHARED VOTING POWER 228,000	
	9	SOLE DISPOSITIVE POWER 0	
	10	SHARED DISPOSITIVE POWER 228,000	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 228,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.3%[7]		
14	TYPE OF REPORTING PERSON (See Instructions) IA, IN		

[7] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

CUSIP No. G5785G107	SCHEDULE 13D	Page 10 of 45 Pages

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Vladislav Dikii		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 220,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 220,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 220,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.3%[4]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[4] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

CUSIP No. G5785G107	SCHEDULE 13D	Page 11 of 45 Pages

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Daniliuk Kirill Vladimirovich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 193,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 193,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 193,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.2%[9]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[9] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

CUSIP No. G5785G107	SCHEDULE 13D	Page 12 of 45 Pages

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Roman Dontsov Valentinovich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 135,212	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 135,212	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 135,212		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.2%[10]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[10] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

CUSIP No. G5785G107	SCHEDULE 13D	Page 13 of 45 Pages

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Alexey Evgeneevich Ilinykh		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 121,388	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 121,388	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 121,388		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[36]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[36] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Alexey Isaev		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 121,347	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 121,347	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 121,347		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[11]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[11] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

CUSIP No. G5785G107	SCHEDULE 13D	Page 15 of 45 Pages

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Alexander Koch		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Germany		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 120,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 120,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 120,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[12]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[12] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) James Jonathan Josey		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Missouri		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 111,400	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 111,400	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 111,400		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[13]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[13] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Pradeep Vasudeva Kadambi	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]	
3	SEC USE ONLY	
4	SOURCE OF FUNDS (See Instructions) PF	
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]	
6	CITIZENSHIP OR PLACE OF ORGANIZATION Florida	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 101,900
	8	SHARED VOTING POWER 0
	9	SOLE DISPOSITIVE POWER 101,900
	10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 101,900	
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]	
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[14]	
14	TYPE OF REPORTING PERSON (See Instructions) IN	

[14] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Kimberly Tully		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION New Jersey		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 96,843	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 96,843	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 96,843		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[16]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[16] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Edgard Gafurov		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 96,512	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 96,512	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 96,512		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[15]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[15] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Joan I. Barry Revocable Trust (Dtd. 12/13/13)		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) WC		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Missouri		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 93,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 93,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 93,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[17]		
14	TYPE OF REPORTING PERSON (See Instructions) OO		

[17] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Zavolozhin Sergey Vladimirovich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH		7	SOLE VOTING POWER 91,413
		8	SHARED VOTING POWER 0
		9	SOLE DISPOSITIVE POWER 91,413
		10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 91,413		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[24]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[24] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) James Paul Carey		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Ohio		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 90,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 90,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 90,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[18]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[18] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Janice J. O'Connor		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Missouri		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH		7	SOLE VOTING POWER 84,000
		8	SHARED VOTING POWER 0
		9	SOLE DISPOSITIVE POWER 84,000
		10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 84,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[19]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[19] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Yushenkova Olga Petrovna		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH		7	SOLE VOTING POWER 77,699
		8	SHARED VOTING POWER 0
		9	SOLE DISPOSITIVE POWER 77,699
		10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 77,699		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[21]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[21] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Vanik Petrosian		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 74,300	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 74,300	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 74,300		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[22]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[22] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Richard Barry		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Texas		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 72,285	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 72,285	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 72,285		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[23]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[23] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Victor Viktorovich Borodaenko		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 70,803	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 70,803	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 70,803		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[42]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[42] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Igor Gnativ		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 66,651	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 66,651	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 66,651		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[38]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[38] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Carleen Walsh		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION New York		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH		7	SOLE VOTING POWER 64,654
		8	SHARED VOTING POWER 0
		9	SOLE DISPOSITIVE POWER 64,654
		10	SHARED DISPOSITIVE POWER 0
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 64,654		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[35]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[35] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Aleksandr Aleksandrovich Morozov		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 61,499	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 61,499	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 61,499		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[43]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[43] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Andrew Gruber		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Massachussets		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 60,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 60,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 60,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[20]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[20] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Denis Baykin		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 59,804	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 59,804	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 59,804		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[40]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[40] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Ryzhov Evgenii Nikolaevich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 56,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 56,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 56,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[41]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[41] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Chris Tichenor		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Kentucky		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 54,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 54,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 54,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[25]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[25] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Victor Pardo		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION New York		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 52,080	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 52,080	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 52,080		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[26]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[26] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Oksana Dmitrievna Trofimova		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 50,547	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 50,547	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 50,547		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[44]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[44] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Aleksei Gudz		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 50,547	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 50,547	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 50,547		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[45]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[45] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Alex Peter Wounlund		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Denmark		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 47,018	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 47,018	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 47,018		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[27]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[27] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Petr Hoferek		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Nebraska		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 45,100	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 45,100	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 45,100		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[28]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[28] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) John V. Barry Revocable Trust (Dtd. 12/13/13)		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) WC		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Missouri		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 44,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 44,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 44,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.1%[29]		
14	TYPE OF REPORTING PERSON (See Instructions) OO		

[29] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Nepiyvoda Kirill Nikolaevich		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 40,000	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 40,000	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 40,000		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.0%[30]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[30] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Mary Dunne		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION New York		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 39,347	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 39,347	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 39,347		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.0%[31]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[31] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Aleksei Chernyshev		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Russia		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 36,310	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 36,310	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 36,310		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.0%[39]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[39] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) Israel Larrondo		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Spain		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 23,634	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 23,634	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 23,634		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.0%[32]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[32] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

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1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) David Lamb		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [X] (b) [ ]		
3	SEC USE ONLY		
4	SOURCE OF FUNDS (See Instructions) PF		
5	CHECK IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(D) OR 2(E) [ ]		
6	CITIZENSHIP OR PLACE OF ORGANIZATION Oregon		
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	7	SOLE VOTING POWER 17,632	
	8	SHARED VOTING POWER 0	
	9	SOLE DISPOSITIVE POWER 17,632	
	10	SHARED DISPOSITIVE POWER 0	
11	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 17,632		
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES (See Instructions) [ ]		
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11) 0.0%[33]		
14	TYPE OF REPORTING PERSON (See Instructions) IN		

[33] Based upon 84,713,826 shares of Ordinary shares, par value $0.20 per share ("Shares"), of Mallinckrodt plc. (the "Issuer") outstanding as of June 25, 2021, as reported in the Issuer's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on August 2, 2021.

This Amendment No. 6 to Schedule 13D ("Amendment No. 6") amends and supplements the Schedule 13D originally filed with the Securities and Exchange Commission by the Reporting Persons on March 5, 2021 (the "Schedule 13D") relating to the Ordinary shares, par value $0.20 per share (the "Shares"), of Mallinckrodt plc (the "Issuer"). Except as specifically provided herein, this Amendment No. 6 does not modify any of the information previously reported on the Schedule 13D. Capitalized terms used but not otherwise defined in this Amendment No. 5 shall have the meanings ascribed to them in the Schedule 13D.

Item 1. Security and Issuer

Item 1 of Schedule 13D is hereby amended and restated in its entirety to read as follows:

This Schedule 13D is being filed with respect to common shares issued by Mallinckrodt plc, whose principal executive offices are at College Business & Technology Park, Cruiserath, Blanchardstown, Dublin 15, Ireland.

Item 2. Identity and Background

Item 2 of Schedule 13D is hereby amended and restated in its entirety to read as follows:

(a) This Schedule 13D is being filed jointly pursuant to that certain Joint Filing Agreement filed herewith as Exhibit 99.1 by:

- Buxton Helmsley Holdings, Inc. ("Holdings")
- The Buxton Helmsley Group, Inc. ("Buxton")
- Alexander Parker ("Parker") and
- The individual persons and entities listed below (collectively, the "Individual Members"):
  - Valerii Mansurov
  - Vladimir Kovalenko
  - Kharkov Aleksandr Sergeevich
  - Thomas Gitter
  - Elena Tsygankova
  - Vladislav Dikii
  - Danilink Kirill Vladimirovich
  - Roman Dontsov Valentinovich
  - Alexey Evgeneevich Ilinykh
  - Alexey Isaev
  - Alexander Koch
  - James Jonathan Josey
  - Pradeep Vasudeva Kadambi
  - Kimberly Tully
  - Edgard Gafurov
  - Joan I. Barry Revocable Trust (Dtd. 12/13/13)
  - Zavolozhin Sergey Vladimirovich
  - James Paul Carey
  - Janice J. O'Connor
  - Yushenkova Olga Petrovna
  - Vanik Petrosian
  - Richard Barry
  - Victor Viktorovich Borodaenko
  - Igor Gnativ
  - Carleen Walsh
  - Aleksandr Aleksandrovich Morozov

- Andrew Gruber
- Denis Baykin
- Ryzhov Evgenii Nikolaevich
- Chris Tichenor
- Victor Pardo
- Oksana Dmitrievna Trofimova
- Aleksei Gudz
- Alex Peter Wounlund
- Petr Hoferek
- John V. Barry Revocable Trust (Dtd. 12/13/13)
- Nepiyvoda Kirill Nikolaevich
- Mary Dunne
- Aleksei Chernyshev
- Israel Larrondo
- David Lamb

Together with Holdings, Buxton, and Parker, the Individual Members comprise a group within the meaning of Section 13(d)(3) of the Act.

(b) The business address of Holdings, Buxton, and Parker is 1185 Avenue of the Americas, Floor 3, New York, N.Y. 10036-2600. Information regarding the Individual Members is set forth on Schedule A.

(c) Buxton is the wholly-owned subsidiary of Holdings, a parent holding company. Buxton is a private asset management and financial services firm and a registered investment advisor. Buxton holds the Shares reported in this Schedule 13D in the accounts of Buxton's discretionary clients. Parker is the sole control person of both Buxton and Holdings. Parker holds the title of Director at Holdings and Senior Managing Director at Buxton. There are no other directors, officers, or control persons at Holdings or Buxton. Information regarding the Individual Members is set forth on Schedule A.

(d) During the last five years, neither Holdings, Buxton, Parker, nor any of the Individual Members have been convicted in a criminal proceeding (excluding traffic violations or similar misdemeanors).

(e) During the last five years, neither Holdings, nor the Individual Members, have been a party to a civil proceeding of a judicial or administrative body of competent jurisdiction and became subject to a judgment, decree or final order enjoining future violations of, or prohibiting or mandating activities subject to, federal or state securities laws or finding any violation with respect to such laws.

Buxton and Parker were involved in an adversary proceeding filed against them by the Issuer (*Mallinckrodt Plc. v. The Buxton Helmsley Group, Inc. and Alexander E. Parker,* Adv Proc. No. 21-505242), as part of the Issuer's Chapter 11 proceedings (*Mallinckrodt plc, et al.*, Case No. 20-12522), for which an injunction (the "Injunction") was issued by the United States Bankruptcy Court for the District of Delaware (the "Court"), enjoining certain activities of Buxton, Parker, and "any person or entity" (with no limitation) deemed by Issuer's directors or management as "acting in concert", whether "directly or indirectly" (Injunction, § 6). Those enjoined activities include, for example, the calling of an *extraordinary general meeting* of the Issuer's shareholders/members, nomination of directors or officers as part of any general meeting of the shareholders/members, casting votes in any general meeting of the shareholders/members to "remove" or "replace" directors of the Issuer (the Injunction, § 1(e), "any action seeking to remove, replace ... any directors or officers of any Debtor"), submission of shareholder proposals to be "acted upon" by shareholders/members as part of a general meeting (the Injunction, § 1(c), "any steps to ... propose any matters to be acted upon by Mallinckrodt shareholders"), solicitation of proxies, any litigation against the Issuer or its officers and/or directors, among other restrictions of activities covered by that Injunction, requested by the Issuer and ordered by the Court.

(f) Holdings and Buxton are Michigan corporations. Parker is a citizen of the United States of America. The

citizenship of each Individual Member is set forth on Schedule A.

Item 3. Source and Amount of Funds or Other Considerations

Item 3 of Schedule 13D is hereby amended and restated in its entirety to read as follows:
225,030

Funds for the purchase of the Shares reported herein were derived from available working capital of Buxton. Buxton purchased 510,936 Shares of the Issuer in open market purchases between January 12, 2021 and March 1, 2021 for a total of $162,503.38. Buxton also purchased an additional 225,030 Shares of the Issuer in open market purchases during the sixty (60) days preceding this amendment, for a total of $44,195.63. Buxton made other purchases of the Shares previously, also via available working capital.

The Reporting Persons collectively may be deemed to be the beneficial owner of, in the aggregate, 5,919,788 Shares. For the Individual Members, other than Elena Tsygankova, the Joan I. Barry Revocable Trust (Dtd. 12/13/13), and the John V. Barry Revocable Trust (Dtd. 12/13/13), whose funding for the Shares was derived from available working capital, the source of funding for the Shares was personal funds of the respective Individual Member.

Item 4. Purpose of Transaction

Item 4 of Schedule 13D is hereby amended and restated in its entirety to read as follows:

The Reporting Persons reserve the right, consistent with applicable law, to (i) acquire additional Shares and/or other equity, debt, notes, instruments or other securities (collectively, "Securities") of the Issuer (or its affiliates) in the open market or otherwise; (ii) dispose of any or all of their Securities in the open market or otherwise; and (iii) engage in any hedging or similar transactions with respect to the Securities. The Reporting Persons may engage in discussions with management or the Board of Directors of the Issuer concerning the business, operations, management, and future plans of the Issuer. Depending on various factors, including the Reporting Persons' financial position and investment strategy, the price of the Shares, conditions in the securities markets, and general economic and industry conditions, the Reporting Persons may in the future take such actions they deem appropriate and lawful.

On October 14, 2021, the Reporting Persons sent a letter via email (the "October 14, 2021, Letter") to the Issuer, with direct address to the Issuer's Irish legal counsel, Arthur Cox. The October 14, 2021, Letter is filed herewith as Exhibit 99.2 to the Amendment No. 6.

On September 14, 2021, the Reporting Persons sent a letter via email (the "September 14, 2021, Letter") to the Issuer. The September 14, 2021, Letter is filed herewith as Exhibit 99.3 to the Amendment No. 6.

On August 17, 2021, the Reporting Persons sent a letter via email (the "August 17, 2021, Letter") to the Issuer. The August 17, 2021, Letter is filed herewith as Exhibit 99.4 to the Amendment No. 6.

On August 5, 2021, the Reporting Persons sent a letter via email (the "August 5, 2021, Letter") to the Issuer. The August 5, 2021, Letter is filed herewith as Exhibit 99.5 to the Amendment No. 6.

On August 3, 2021, the Reporting Persons sent a letter via email (the "August 3, 2021, Letter") to the Issuer. The August 3, 2021, Letter is filed herewith as Exhibit 99.6 to the Amendment No. 6.

On July 7, 2021, the Reporting Persons sent a letter via email (the "July 7, 2021, Letter") to the Issuer. The July 7, 2021, Letter is filed herewith as Exhibit 99.7 to the Amendment No. 6.

On June 1, 2021, the Reporting Persons sent a letter via email (the "June 1, 2021, Letter") to the Issuer. The June 1, 2021, Letter is filed herewith as Exhibit 99.8 to the Amendment No. 6.

On May 20, 2021, the Reporting Persons sent a letter via email (the "May 20, 2021, Letter") to the Issuer. The May 20, 2021, Letter is filed herewith as Exhibit 99.9 to the Amendment No. 6.

On March 10, 2021, the Reporting Persons sent a letter via email (the "March 10, 2021, Letter") to the Issuer. The March 10, 2021, Letter is filed herewith as Exhibit 99.10 to the Amendment No. 6.

Item 5. Interest in Securities of the Issuer

Item 5 of Schedule 13D is hereby amended and restated in its entirety to read as follows:

(a) As of the time of this filing, Holdings, Buxton, and Parker own 1,591,430 Shares of the Issuer, or a 1.9% ownership interest of the Issuer's Shares. Information regarding the Individual Members is set forth on Schedule B. Collectively, Holdings, Buxton, Parker, and the Individual Members own 5,919,788 Shares or a 7.0% ownership interest of the Issuer's Shares.

(b) Number of Shares as to which such person has:

(i) Sole Voting Power:
Each of Holdings, Buxton, and Parker has the sole power to vote or direct the vote over 0 Shares.

(ii) Shared Voting Power:
Holdings has the shared power to vote or direct the vote over 1,591,430 Shares.
Buxton has the shared power to vote or direct the vote over 1,591,430 Shares.
Parker has the shared power to vote or direct the vote over 1,591,430 Shares.

(iii) Sole Dispositive Power:
Each of Holdings, Buxton, and Parker has the sole power to dispose or direct the disposition of 0 Shares.

(iv) Shared Dispositive Power:
Holdings has the shared power to dispose or to direct the direct the disposition of 1,591,430 Shares.
Buxton has the shared power to dispose or to direct the direct the disposition of 1,591,430 Shares.
Parker has the shared power to dispose or to direct the direct the disposition of 1,591,430 Shares.

Information regarding the voting and dispositive power of the Individual Members is set forth on Schedule B.

(c) The following table sets forth all transactions with respect to the Shares effected during the past sixty (60) days by any of the Reporting Persons, inclusive of any transactions effected through 4:00 p.m., New York City time, on October 13, 2021. Except as otherwise noted below, all such transactions were purchases of Shares effected in the open market, and the table includes commissions paid in per share prices.

Reporting Person	Date	Shares	Price of Security
Buxton	2021-10-08	34105	0.18
Buxton	2021-10-08	10876	0.18
Buxton	2021-10-08	1400	0.18
Buxton	2021-10-08	7431	0.18
Buxton	2021-10-08	-10000	0.185
Buxton	2021-10-08	-9000	0.1872222
Buxton	2021-09-14	28333	0.2099
Buxton	2021-09-14	5000	0.2099
Buxton	2021-09-14	1533	0.2044
Buxton	2021-09-14	28301	0.2005
Buxton	2021-08-31	776	0.205
Buxton	2021-08-17	4540	0.197
Buxton	2021-08-17	8950	0.196
Buxton	2021-08-17	10000	0.196
Buxton	2021-08-17	10000	0.196
Buxton	2021-08-17	10000	0.199

Buxton	2021-08-17	10000	0.199
Buxton	2021-08-17	16050	0.199
Buxton	2021-08-17	5000	0.195
Buxton	2021-08-17	2900	0.192
Buxton	2021-08-17	2763	0.195
Buxton	2021-08-17	7137	0.195
Buxton	2021-08-17	5600	0.2
Buxton	2021-08-17	10400	0.2
Buxton	2021-08-17	10120	0.197
Buxton	2021-08-17	10379	0.197
Buxton	2021-08-16	2436	0.188
Kimberly Tully	2021-08-16	75	0.1773
Kimberly Tully	2021-08-16	30	0.175

(d) N/A.

(e) N/A.

Item 7. Material to Be Filed as Exhibits

Item 7 of Schedule 13D is hereby amended and restated in its entirety to read as follows:

1. Joint Filing Agreement
2. Letter - October 14, 2021
3. Letter - September 14, 2021
4. Letter - August 17, 2021
5. Letter - August 5, 2021
6. Letter - August 2, 2021
7. Letter - July 7, 2021
8. Letter - June 1, 2021
9. Letter - May 20, 2021
10. Letter - March 10, 2021

Schedule A

Schedule A of Schedule 13D is hereby amended and restated in its entirety to read as follows:

Name	**Principal Business Address or Residence**	**Principal Occupation or Employment/ Principal Business**	**Citizenship**
Valerii Mansurov	[redacted]	Construction Consultant	Russia

	[redacted]	Address: Russia, Ufa, Shota Rustaveli 9	
Vladimir Kovalenko		Investor (Self-Employed)	Russia
Kharkov Aleksandr Sergeevich		Investor (Self-Employed)	Russia
Thomas Gitter		Retired	USA
Elena Tsygankova		Financial Advisor	Russia
Vladislav Dikii		Investor (Self-Employed)	Russia
Daniliuk Kirill Vladimirovich		Retired	Russia
Roman Dontsov Valentinovich		Investor (Self-Employed)	Russia
Alexey Evgeneevich Ilinykh		Engineer (Self-Employed) Principal Address: 46 Zagorodnaya Str. Svobodny, Amur Region, 676455	Russia
Alexey Isaev		Investor (Self-Employed)	Russia
Alexander Koch		Self-Employed	Germany
James Jonathan Josey		Deputy CFO at The Molpus Woodlands Group, LLC Principal Business: Timber Investment Address: 858 North Street, Jackson, MS 39211	USA
Pradeep Vasudeva Kadambi		Doctor (Self-Employed)	USA
Kimberly Tully		Self-Employed (Consultant)	USA
Edgard Gafurov		Investor (Self-Employed)	Russia

	[redacted]		
Joan I. Barry Revocable Trust (Dtd. 12/13/13)		Retired	USA
Zavolozhin Sergey Vladimirovich		Investor (Self-Employed)	Russia
James Paul Carey		Patent Lawyer at Mane, Inc. Address: 2501 Henkle Drive, Lebanon, OH 45036	USA
Janice J. O'Connor		Retired	USA
Yushenkova Olga Petrovna		Investor (Self-Employed)	Russia
Vanik Petrosian		Retired	Russia
Richard Barry		IT Management at United Surgical Partners Incorporated Principal Business: Ambulatory Surgery Services Address: 5601 Warren Parkway Frisco Texas, 75034	USA
Victor Viktorovich Borodaenko		Principal Occupation: Auditor at LLC "TNF" Address: 4 bld. 2, Presnenskaya Embankment, Moscow, 123112, the Russian Federation	Russia
Igor Gnativ		Entrepreneur/Investor	Russia
Carleen Walsh		Self-Employed (Investor)	USA
Aleksandr Aleksandrovich Morozov		Self-Employed (Investor)	Russia
Andrew Gruber		Engineer at Qualcomm Principal Business: Wireless Technology Address: 5775 Morehouse Drive, San Diego CA 92121	USA
Denis Baykin		Principal Occupation: Sales Associate at OOO "Garmoniya" (Samsung)	Russia

	[redacted]	Address: 141006, Russia, Moscow region, the city of Mytishchi, Sharapovsky proezd, possession 2	
Ryzhov Evgenii Nikolaevich		Self-Employed (Mechanical Engineering Work)	Russia
Chris Tichenor		Retired	USA
Victor Pardo		Audio Engineer at Self-Employed Address: 1100 Haff Avenue, North Bellmore, NY 11710	USA
Oksana Dmitrievna Trofimova		Self-Employed (Writer)	Russia
Aleksei Gudz		Principal Occupation: Office Manager Employer: PJSC VTB Bank Address: 91/258 Budennovsky Avenue, Rostov on Don city, 344018, the Russian Federation	Russia
Alex Peter Wounlund		Key Account Manager at GlobalConnect Principal Business: Fiber Network Address: Havneholmen 6, 2450 Copenhagen, Denmark	Denmark
Petr Hoferek		Inventory Control at PAK Global LLC Principal Business: Industrial Fabrics and Hardware Address: 2528 South 156th Circle, Omaha, NE 68130	USA
John V. Barry Revocable Trust (Dtd. 12/13/13)		Retired	USA
Nepiyvoda Kirill Nikolaevich		Self-Employed (Investor)	Russia
Mary Dunne		Retired	USA
Aleksei Chernyshev		Principal Occupation: Chief	

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH WH02184	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Trigen Laboratories, LLC

Physical Address: 2500 Main Street Extension, Suite 6

City: Sayreville State: NJ Zip: 08872

Mailing Address (if different from physical address): 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (908) 809-1300 Website: https://www.trigenlab.com/

Name of Designated Representative (DR): Cassia Riccioni

Licensing Company Email: statelicense@trigenlab.com DR Email: criccioni@osmotica.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Vertical/Trigen Opco, LLC

Corporation Name: Trigen Laboratories, LLC

Mailing Address: 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: 908-809-1380 Email: statelicense@trigenlab.com

Contact Person Name: Harold A. Deas, Jr.

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Harold Deas, Jr.

Print Name of Authorized Person Submitting Application

Harold A Deas Jr

Original signature of Authorized Person (copies or stamps not accepted)

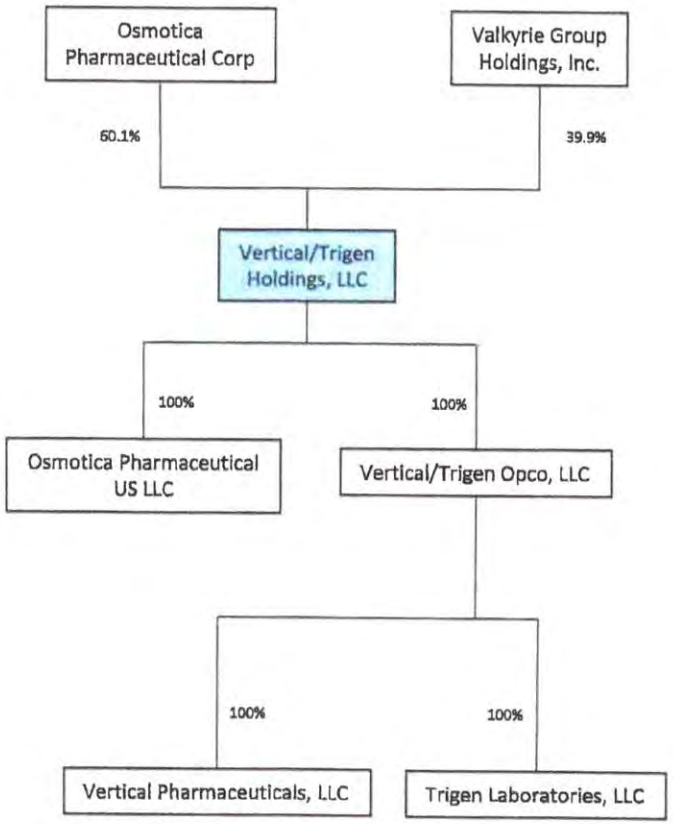
7/26/2021

Date

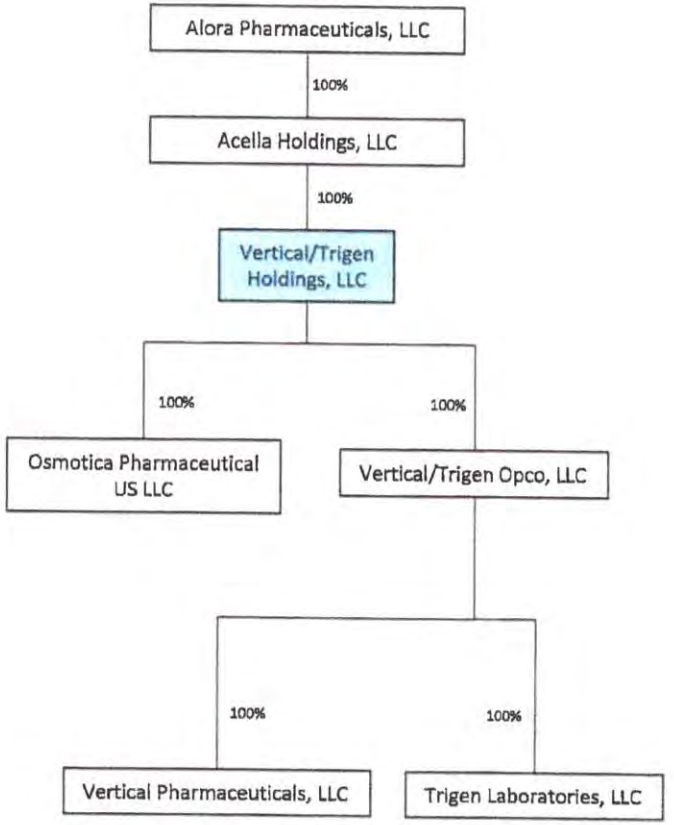
Board Use Only	Date Received: _____	Amount: 500 CHECK # 12105

Vertical/Trigen Holdings, LLC
Corp Org Chart

Pre-Closing



Post-Closing



606

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746144

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

2500 MAIN STREET EXTENSION SUITE 6 SAYREVILLE, NJ 08872-
2631 CAUSEWAY CENTER DR TAMPA,FL 33619-

Reg. No.
5003136

TRIGEN LABORATORIES LLC
2500 MAIN STREET EXTENSION SUITE 6
SAYREVILLE, NJ 08872-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIGEN LABORATORIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIGEN LABORATORIES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5403358 8300

SR# 20220206879

Authentication: 202454537

Date: 01-21-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

TRIGEN
LABORATORIES

Ownership Information

Vertical/Trigen OPCO, LLC
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005

Owns 100% of Trigen Laboratories, LLC

Corporate Officers

Harold A. Deas, President, Secretary, Treasurer
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

Chris Schwab, Assistant Secretary
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

TRIGEN LABORATORIES

Manufacturing and Product Information

Trigen Laboratories, LLC distributes its own products from their facilities located at:

2500 Main Street Extension, Suite 6
Sayreville, NJ 08872

Trigen Laboratories, LLC uses the following contract manufacturer to produce our products:

Captek Pharma
14535 Industry Circle
La Mirada, CA 90638
FDA Establishment No. 3014897154

Contact Number: (562) 921-9511

Captek Pharma in California manufactures Trigen Laboratories, LLC product and packages finished goods. At no time does Captek own the product, contract with Trigen Laboratories, LLC customers, invoice nor sell Trigen Laboratories, LLC product.

Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

Product Information:

NDC / Product Code	Prodcut Name
13811-0010-30	Complete Natal DHA
13811-0014-90	Completenate Chew
13811-0028-10	Corvita
13811-0066-10	Corvita 150
13811-0027-10	Elite OB
13811-0012-90	FerraPlus 90
13811-0538-90	Folivane-F Capsules
13811-0535-30	Folivane-OB Capsules
13811-0539-90	Folivane-Plus Capsules
13811-0042-10	Taron Forte
13811-0536-30	Taron-C DHA
13811-0543-30	Taron-Prex w/DHA
13811-0527-01	TL Gard Rx
13811-0504-60	TL G-FOL OS
13811-0528-60	TL Icon Capsules
13811-0606-90	TL-Hem 150
13811-0518-10	TriGels-F Forte
13811-0007-10	Trinatal Rx1
13811-0525-01	Triphrocaps soft gel
13811-0591-30	Triveen-Duo DHA
13811-0049-30	Ultimate Care One
13811-0598-30	Vemavite Prex 2
13811-0515-10	Vol-Care RX

13811-0514-10	Vol-Nate
13811-0519-10	Vol-Plus
13811-0519-50	Vol-Plus
13811-0516-90	Vol-Tab RX
13811-0580-30	Zatean-Pn DHA
13811-0582-30	Zatean-Pn Plus

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 13, 2021

You have searched Finished drug products

Search Results: *'trigen lab'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
chlorzoxazone	13811-717-10	375 mg/1	TABLET	ORAL	ANDA040861	Trigen Laboratories, LLC	13811-717	chlorzoxazone	CHLORZOXAZONE
chlorzoxazone	13811-718-10	750 mg/1	TABLET	ORAL	ANDA040861	Trigen Laboratories, LLC	13811-718	chlorzoxazone	CHLORZOXAZONE
Hydromorphone Hydrochloride	13811-701-10	8 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-701	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-702-10	12 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-702	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-703-10	16 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-703	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-704-10	32 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-704	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-710-30	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-710	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-710-10	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-710	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-708-10	18 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-708	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-707-10	27 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-707	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-708-10	36 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-708	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Methylphenidate Hydrochloride	13811-709-10	54 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-709	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Nitrofurantoin	13811-719-10	25 mg/1, 75 mg/1	CAPSULE	ORAL	ANDA208516	Trigen Laboratories, LLC	13811-719	Nitrofurantoin	NITROFURANTOIN; NITROFURANTOIN MONOHYDRATE
SODIUM PHENYLACETATE and SODIUM BENZOATE	13811-705-50	100 mg/mL, 100 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	ANDA207096	Trigen Laboratories, LLC	13811-705	sodium phenylacetate and sodium benzoate	SODIUM PHENYLACETATE; SODIUM BENZOATE
Sodium Polystyrene Sulfonate	13811-658-53	4.1 meq/g	SUSPENSION	ORAL; RECTAL	ANDA206815	Trigen Laboratories, LLC	13811-658	Sodium Polystyrene Sulfonate	SODIUM POLYSTYRENE SULFONATE
Timolol Maleate	13811-618-10	5 mg/1	TABLET	ORAL	ANDA207556	TRIGEN LABORATORIES, LLC	13811-618	Timolol Maleate	TIMOLOL MALEATE
Timolol Maleate	13811-620-10	20 mg/1	TABLET	ORAL	ANDA207556	TRIGEN LABORATORIES, LLC	13811-620	Timolol Maleate	TIMOLOL MALEATE
Tramadol Hydrochloride	13811-689-30	100 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-689	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Tramadol Hydrochloride	13811-690-30	200 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-690	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Tramadol Hydrochloride	13811-691-30	300 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-691	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-712-30	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-712	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-712-90	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-712	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-713-30	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-713	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-713-90	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-713	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-714-30	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-714	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-714-90	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-714	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-715-30	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-715	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-715-90	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-715	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE

Showing 1 to 28 of 28 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Marietta	Marsh, Tiffany Patrice
Marietta	Matos-Collado, Lani
Marietta	Mayers, Lashon J
Marietta	Mbwana, Nkosi
Marietta	McKenzie, Miguel
Marietta	McKinney, Moniece M
Marietta	Melendez Cartagena, Ana M
Marietta	Moore, Ellis R
Marietta	Moricette, Vladimir
Marietta	Murray, Stanley D
Marietta	Naugle, Mark Alan
Marietta	Notarantonio, Kathleen J
Marietta	Pan, Xiaohan
Marietta	Perez Abrams, Tyschia
Marietta	Ravens, William
Marietta	Rehman, Muhammad Jamil
Marietta	Robinson, Derrick L
Marietta	Rosario Perez, Angel L
Marietta	Ross, John R
Marietta	Ruffner Jr, Samuel
Marietta	Rush, Candice J
Marietta	Sheffield, Kenneth D
Marietta	Smith, Michelle R
Marietta	Smith, Susan A
Marietta	Spanos, George A
Marietta	Sutton, Andrea J
Marietta	Tan, Davidrei
Marietta	Teel, Christopher R
Marietta	Tran, Lam
Marietta	Valdivieso, Clarisse
Marietta	Vazquez Encarnacion, Edgar A
Marietta	Williams, Jasper
Marietta	Wilson, Bernard
Marietta	Wilson, Brenton A
Marietta Count	83
N Carolina	Hawkins, Laura M
N Carolina	Molina, Teriko M
N Carolina	Tracy, Laurie
N Carolina Count	3
New Jersey	Bralczyk, Lauren
New Jersey	Cohen, Roberta
New Jersey	Fuchs, Susanne
New Jersey	Patel, Priya
New Jersey	Scates, Jenniffer
New Jersey Count	5
Sayreville	Castro, Flavio
Sayreville	Fernandez, Gustavo
Sayreville	Lombardy, Daniel
Sayreville	Riccioni, Cassia

Sayreville Count	4
Tampa	Gandhi, Nigham
Tampa	Godfrey, Tonyah
Tampa	Johnson, Andrea
Tampa	Joshi, Krupali
Tampa	Rodriguez, Nelson
Tampa	Wright, Donald
Tampa Count	6
Grand Count	101

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: Wholesaler Pharmaceutical Drug Facility Surety Bond

Bond No. : A460846

Dated effective: 11/1/2019
(MONTH, DAY, YEAR)

executed by: Trigen Laboratories, LLC , **as Principal,**
(PRINCIPAL)

and by: The Hanover Insurance Company , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy and the State of Nevada .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing:

The following is hereby added as an additional location to said bond:

2500 Main Street, Suite 6, Sayreville, New Jersey 08872

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/1/2020
(MONTH, DAY, YEAR)

Signed and Sealed 8/25/2021
(MONTH, DAY, YEAR)

Trigen Laboratories, LLC
PRINCIPAL

BY: Christopher Klein, General Counsel
TITLE

The Hanover Insurance Company
SURETY

BY: Wendy Lee Wadkins
Wendy Lee Wadkins, ATTORNEY-IN-FACT

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Wendy Lee Wadkins, Christopher F. Mulvaney, Charles N. Parsons, Vincent J. Mancini and/or Pablo Rios, Jr.

Of **Willis of Pennsylvania, Inc. of Radnor, PA** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Twenty Five Million and No/100 ($25,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **14th** day of **February, 2018**.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **14th** day of **February, 2018** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 25thday of August 2021

CERTIFIED COPY

Theodore G. Martinez, Vice President

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BLYA460846

Application/License No. WH02085/WH02184

Trigen Laboratories, LLC
Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

2631 Causeway Center Drive Tampa, FL 33619
Address of Applicant/Principal

, as PRINCIPAL, and The Hanover Insurance Company
Surety Company

, a corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln St Worcester, MA 01653
Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2014.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of October, 2014.

Trigen Laboratories, LLC

APPLICANT/PRINCIPAL

Authorized Representative

The Hanover Insurance Company

SURETY COMPANY

Surety Company's Representative

Peter Gudzak, AIF Attorney-in-fact

print name

THE HANOVER INSURANCE COMPANY INCORPORATED 1972

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Trigen Laboratories, LLC

Physical Address 2500 Main Street Extension, Suite 6

City Sayreville State NJ Zip 08872

Mailing Address (if different from physical address) 895 Sawyer Road

City Marietta State GA Zip 30062

Telephone (908) 809-1300 Website https://www.trigenlab.com/

Licensing Company Email statelicense@trigenlab.com

Section 2: Personal Information

First Cassia Middle L Last Riccioni

Alias(es, nicknames, name changes, etc.) Cassia L. Blake, Cassia L. Graham

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Main Street Extension, Suite 6

City Sayreville State NJ Zip 08872

Telephone 908-809-1380 Email criccioni@osmotica.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Steubenville		1978 - 1982	
Address	City	State	Zip
1235 University Blvd.	Steubenville	OH	43952
Diploma/Degree obtained, if any			
No degree			

School Name		From - To (MM/YY – MM/YY)	
Union Local High School		1974 - 1978	
Address	City	State	Zip
66779 Belmont Morristown Rd	Belmont	OH	43718
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/11 - Present	[redacted]Shore Concourse	Keyport	NJ	07735
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Trigen Laboratories, LLC			07/19 - Present
Business Address	**City**	**State**	**Zip**
2500 Main Street, Extension, Suite 6	Sayreville	NJ	08872
Phone	**Title**	**Number of Employed Hours**	
(908) 809-1300	Quality Assurance	3800+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
TaroPharmaceuticals			04/19 - 07/19
Business Address	**City**	**State**	**Zip**
1 Commerce Drive	Cranbury	NJ	08512
Phone	**Title**	**Number of Employed Hours**	
(609) 655-9002	Quality Assurance	480+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Oncobiologicals			02/18 - 11/18
Business Address	**City**	**State**	**Zip**
7 Clarke Dr	Cranbury	NJ	08512
Phone	**Title**	**Number of Employed Hours**	
(609) 619-3990	Quality Assurance	1440+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Actinium Pharmaceuticals Inc.			01/16 - 07/16
Business Address	**City**	**State**	**Zip**
379 Thornall Street	Edison	NJ	08837
Phone	**Title**	**Number of Employed Hours**	
(732) 243-9495	Senior Quality Assurance	960+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	x	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
May 2011		NJ	Flemington	Hunterdon
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 2/7/21

Applicant's initials

I, Cassia Riccioni, **certify that as the designated representative for**

Trigen Laboratories, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Cassia Riccioni

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/12/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cassia Riccioni
Print Name (First, Last)

CR
Original Signature (electronic, copies or stamps not accepted)

27Jul21
Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Mercer

I, Ben Markison, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ben Markison
Original Signature

27 Jul 21
Date

Subscribed and Sworn to before me this 27 day of July.

Ben Markison
Notary Public Signature

BENJAMIN J. MARKISON
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50098990
My Commission Expires 2/14/2024

(Seal)

Applicant's initials CR

RVL
PHARMACEUTICALS, INC

To Whom it May Concern:

This is my attestation regarding my arrest record in Raritan Township; Flemington, NJ.

On or about May 2011, there was a female on my property that had been told not to come on to my property. I threw some of her belonging at her and she was hit in the head with a large flashlight that was in her belongings. She called 911 and I was arrested.
Once the case went to court, her public defender told my attorney that she confessed that she had been trespassing. The case was thrown out of court at that time and the charges against me were dismissed.

25Aug20

Cassia Riccioni
Quality Assurance, RVL Pharmaceuticals

RVL
PHARMACEUTICALS INC

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25Aug20

Cassia Riccioni
Quality Assurance, RVL Pharmaceuticals

CASSIA RICCIONI
Keyport, NJ 07735
[redacted] **www.linkedin.com/CassieRiccioni**

QUALITY ASSURANCE | PHARMACEUTICAL | MANUFACTURING

Quality Assurance Professional with broad experience in pharmaceutical quality processes and problem solving. Expertise in reviewing complaints, SOPs, Batch Records, and other documentation for accuracy and completeness. Skilled in preparing for internal or external audits and correcting deficiencies. Demonstrated ability to bring new facilities into FDA compliance. Proficient in SAP and TrackWise.

CORE COMPETENCIES

PQMS | Batch Record Review | Controlled Substances/DEA | Document Control FDA Regulations | Metrics Reporting | GMP/GLP/GXP | OSHA | Manufacturing Drug Products | Outstanding Communication Skills | Team Collaboration

PROFESSIONAL EXPERIENCE

Vertical Pharmaceuticals Sayreville, NJ 07/2019 to present
Quality Assurance Associate

- Perform documentation review (i.e. batch manufacturing and/or packaging records, Certificate of Compliance, Certificate of Analysis, etc.)Based on review, perform product release and disposition within company ERP system.
- Initiate, write, drive/lead deviations and investigations to ensure that all critical and major quality issues are thoroughly addressed and documented with appropriate associated CAPA.
- Participate in Change Control activities affecting procedures, processes and systems.
- Receive product quality complaints and perform activities to lead to closure and customer satisfaction.
- Write, review, and approve standard operating procedures (SOPs) and other applicable operation related GMP documents.
- Support and participate in trending of quality measures, CAPA plans, and annual reports.
- Escalate potential issues and concerns immediately to QA Management.
- Participate and assist in the GMP auditing program for internal and external audits including FDA, DEA, and FL-DBPR.
- Support the development, improvement and maintenance of Quality Systems including procedure development, process mapping in collaboration with other technical and business areas.
- Guide, develop and train others in areas of subject matter expertise.

TaroPharmaceuticals,Cranbury,NJ 04/2019 - 07/2019
Quality Specialist (contract)

- SOP Development
- Participate in Site Quality Council Team
- Review shipping documents, in-transit conditions, release documents from sites and FDA-releases for products received from manufacturing facilities
- Upon success of the document reviewed, release products
- Interact with Quality release teams in order to coordinate and ensure accurate release of products
- Inspect, verify and document the transport condition of any products received from manufacturing sites.
- Review and ensure compliance of the batch manufacturing records associated to the CMO received batches
- Inspect the returns goods and define the recommended status
- Coordinate and document the pre-authorized destruction of products
- Create, maintain files related to products and master data in SAP
- Act as Quality primary point of contact for subjects related to SAP
- Initiate, review and close investigations in Trackwise

Oncobiologics,Cranbury,NJ 02/2018 - 11/2018
Quality Associate

- Issuing, reviewing and archiving executed manufacturing batch records (MBR) for biologics manufacturing of clinical supplies and licensed products.
- Review and comment on draft documentation relevant to manufacturing, such as MBRs, Specifications and SOPs
- Initiate and participate in investigations, including non-conformance events,deviations, CAPA's and investigations.
- Inspect and observe the manufacturing units
- Ensure that the organization is compliant with relevant cGMPs, participate in internal audit teams and ensure readiness for global health authority's inspections
- Implement Quality Plan and associated policies and procedures required for the Quality Assurance function
- Specification & Materials Management.

Actinium Pharmaceuticals Inc., Edison, NJ 01/2016 – 07/2016
Senior Quality Associate (contract)

- Reviewed Manufacturing Records and released product for clinical use.
- Participated in SOP development, training and implementation.
- Entered, checked, monitored stability data in Excel.
- Reviewed and approved Master Batch Records, Deviations and CAPA's.
- QA advisor for product development at external sites.

JANSSEN SUPPLY GROUP, a division of J&J, Raritan, NJ 2007 – 2015
Quality Associate

- Reviewed product complaints in the PQMS system, ensuring complaint was categorized correctly for metrics reporting and escalating as needed.
- Requested investigations from internal and external manufacturing sites, reviewing results for accuracy and completeness and closing complaint.
- Monitored metrics for trends by analyzing reports, identifying defects and escalating as

needed for investigation or recall.
- Created weekly and monthly reports in Excel which demonstrated number of complaints for each site, providing data for site managers and quality management team.
- Assisted in Audits.

JEIVEN PHARMACEUTICAL CONSULTING, INC., Scotch Plains, NJ 2003 – 2007
Senior Quality Compliance Associate

- Batch record review and release
- Quality control for contract sites, pulling samples during runs and for retians
- 3rd party monitor at contract packaging sites
- SOP Development
- Audit Prep

NOVADEL PHARMA, INC., Flemington, NJ
Production Supervisor, Compliance Coordinator 2002 - 2003
Nexmed,EastWindsorNJ
Operations Line Leader 2001-2002
Medarex, Clinton, NJ
Laboratory Technician 1998-2001

EDUCATION

Microsoft Office Specialist, Avtech Institute of Technology, Eatontown, NJ, 2017

Registered Nurse Coursework, Belmont Technical College, Saint Clairsville, OH

Mental Health / Human Services coursework, Franciscan University of Steubenville, Steubenville, OH

SKILLS

SAP, Excel, PowerPoint, Access, SharePoint, TrackWise, ComplianceWire, WebEx, Master Control, Veeva Vault

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH WH02085	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Trigen Laboratories, LLC

Physical Address: 2631 Causeway Center Dr.

City: Tampa State: FL Zip: 33619

Mailing Address (if different from physical address): 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (908) 809-1300 Website: https://www.trigenlab.com/

Name of Designated Representative (DR): Donald Wright

Licensing Company Email: statelicense@trigenlab.com DR Email: dwright@osmotica.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Vertical/Trigen Opco, LLC

Corporation Name: Trigen Laboratories, LLC

Mailing Address: 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: 908-809-1380 Email: statelicense@trigenlab.com

Contact Person Name: Heather S. Jones

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	x	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Harold Deas, Jr.

Print Name of Authorized Person Submitting Application

Harold A Deas Jr

Original signature of Authorized Person (copies or stamps not accepted)

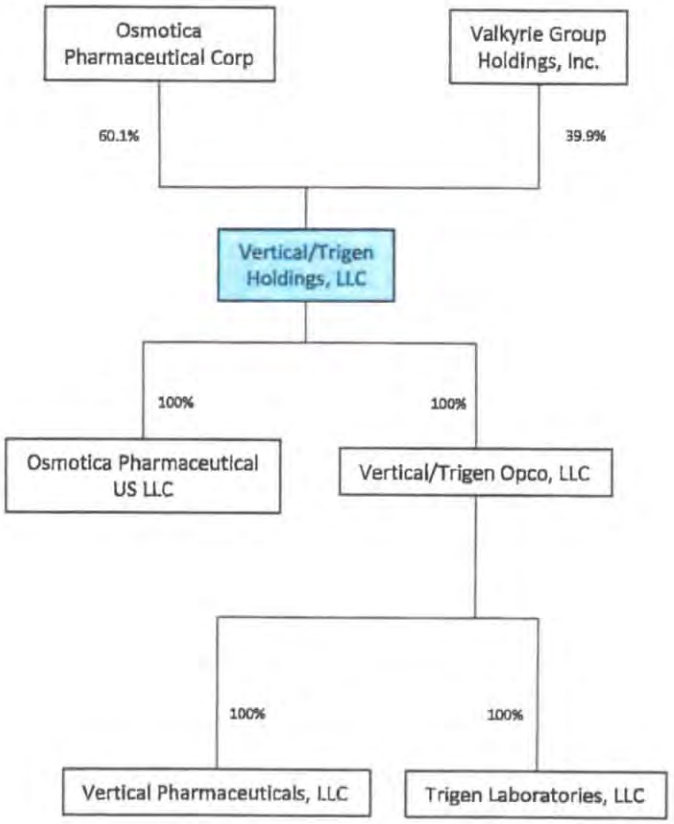
7/26/2021

Date

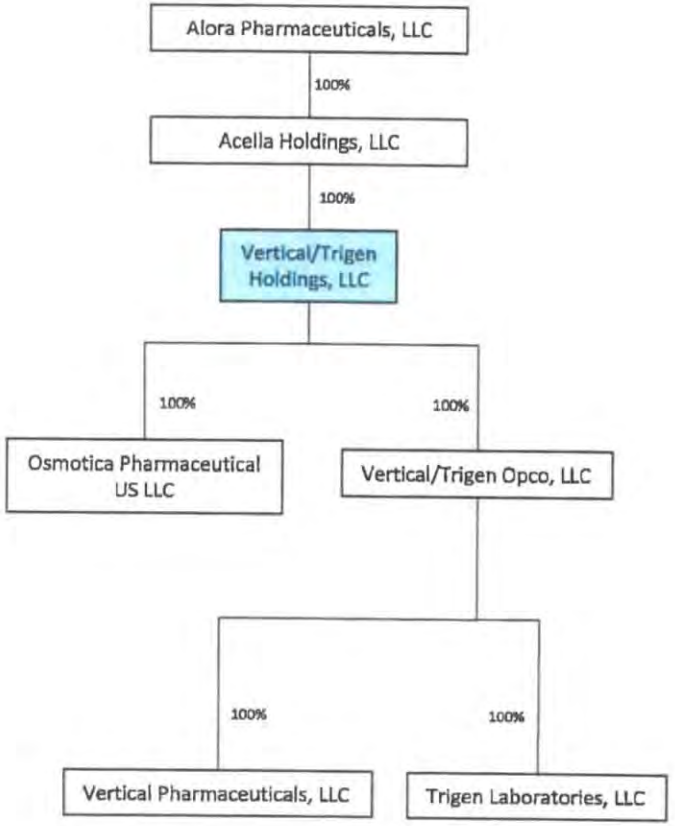
Board Use Only	Date Received: _____	Amount: 500 Check # 12109

Vertical/Trigen Holdings, LLC
Corp Org Chart

Pre-Closing



Post-Closing



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

TRIGEN LABORATORIES LLC
2631 CAUSEWAY CENTER DRIVE
TAMPA FL 33619

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

20311 ISSUED: 07/28/2020

PRESCRIPTION DRUG MANUFACTURER
TRIGEN LABORATORIES LLC

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date : SEP 30, 2022 L2007280000252

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20311	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: SEP 30, 2022

TRIGEN LABORATORIES LLC
2631 CAUSEWAY CENTER DRIVE
TAMPA FL 33619

ISSUED: 07/28/2020 DISPLAY AS REQUIRED BY LAW SEQ # L2007280000252

2:09:57 PM 8/4/2021

Licensee Details

Licensee Information

Name:	**TRIGEN LABORATORIES LLC (Primary Name)**
Main Address:	**2631 CAUSEWAY CENTER DRIVE TAMPA Florida 33619**
County:	**HILLSBOROUGH**
License Mailing:	
LicenseLocation:	**2631 CAUSEWAY CENTER DRIVE TAMPA FL 33619**
County:	**HILLSBOROUGH**

License Information

License Type:	**Prescription Drug Manufacturer**
Rank:	**"Rx Drug Manu"**
License Number:	**20311**
Status:	**Current**
Licensure Date:	**09/10/2014**
Expires:	**09/30/2022**

Special Qualifications **Qualification Effective**

Limited Liability Corporation

Alternate Names

View Related License Information

View License Complaint

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIGEN LABORATORIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIGEN LABORATORIES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5403358 8300

SR# 20220206879

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202454537

Date: 01-21-22

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0409664	11-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	10-04-2021

TRIGEN LABORATORIES, LLC
2631 CAUSEWAY CENTER DR
TAMPA, FL 336196102

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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TRIGEN LABORATORIES, LLC
2631 CAUSEWAY CENTER DR
TAMPA, FL 336196102

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

TRIGEN LABORATORIES

Ownership Information

Vertical/Trigen OPCO, LLC
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005

Owns 100% of Trigen Laboratories, LLC

Corporate Officers

Harold A. Deas, President, Secretary, Treasurer
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

Chris Schwab, Assistant Secretary
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

Sayreville Count	4
Tampa	Gandhi, Nigham
Tampa	Godfrey, Tonyah
Tampa	Johnson, Andrea
Tampa	Joshi, Krupali
Tampa	Rodriguez, Nelson
Tampa	Wright, Donald
Tampa Count	6
Grand Count	101

Marietta	Marsh, Tiffany Patrice
Marietta	Matos-Collado, Lani
Marietta	Mayers, Lashon J
Marietta	Mbwana, Nkosi
Marietta	McKenzie, Miguel
Marietta	McKinney, Moniece M
Marietta	Melendez Cartagena, Ana M
Marietta	Moore, Ellis R
Marietta	Moricette, Vladimir
Marietta	Murray, Stanley D
Marietta	Naugle, Mark Alan
Marietta	Notarantonio, Kathleen J
Marietta	Pan, Xiaohan
Marietta	Perez Abrams, Tyschia
Marietta	Ravens, William
Marietta	Rehman, Muhammad Jamil
Marietta	Robinson, Derrick L
Marietta	Rosario Perez, Angel L
Marietta	Ross, John R
Marietta	Ruffner Jr, Samuel
Marietta	Rush, Candice J
Marietta	Sheffield, Kenneth D
Marietta	Smith, Michelle R
Marietta	Smith, Susan A
Marietta	Spanos, George A
Marietta	Sutton, Andrea J
Marietta	Tan, Davidrei
Marietta	Teel, Christopher R
Marietta	Tran, Lam
Marietta	Valdivieso, Clarisse
Marietta	Vazquez Encarnacion, Edgar A
Marietta	Williams, Jasper
Marietta	Wilson, Bernard
Marietta	Wilson, Brenton A
Marietta Count	83
N Carolina	Hawkins, Laura M
N Carolina	Molina, Teriko M
N Carolina	Tracy, Laurie
N Carolina Count	3
New Jersey	Bralczyk, Lauren
New Jersey	Cohen, Roberta
New Jersey	Fuchs, Susanne
New Jersey	Patel, Priya
New Jersey	Scates, Jenniffer
New Jersey Count	5
Sayreville	Castro, Flavio
Sayreville	Fernandez, Gustavo
Sayreville	Lombardy, Daniel
Sayreville	Riccioni, Cassia

Manufacturing and Product Information

Trigen Laboratories, LLC distributes its own products from their facilities located at:

2631 Causeway Center Dr.
Tampa, FL 33619

Trigen Laboratories, LLC uses the following contract manufacturer to produce our products:

Osmotica Pharmaceutical US LLC
895 Sawyer Road
Marietta, GA 30062
FDA Establishment No. 3009078927

Contact: Heather Jones
Contact Number: (770) 509-5954
Email: hjones@osmotica.com

Osmotica Pharmaceuticals US LLC in Georgia manufactures Trigen Laboratories, LLC product and packages finished product. At no time does Osmotica own the product, contract with Trigen Laboratories, LLC customers, invoice nor sell an Trigen Laboratories, LLC product.

Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

Product Information:

Product Name	NDC/Product Code
Trinatal Rx 1	13811-007-10
Complete Natal DHA	13811-010-30
Ferra Plus 90	13811-012-90
Complete Nate Chewable	13811-014-90
Venatal - FA	13811-026-10
Elite OB	13811-027-10
Corvita	13811-028-10
Taron Forte	13811-042-10
Ultimate Care One	13811-049-30
Ultimate Care One NF	13811-050-30
Advanced AM/PM	13811-064-12
Corvita 150	13811-066-10
TL G-Fol OS	13811-504-60
Vol-Nate	13811-514-10
Vol-Care RX	13811-515-10
Vol-Tab RX	13811-516-90
TriGels-F Forte	13811-518-10
Vol-Plus (100 ct.)	13811-519-10
Vol-Plus (500 Ct.)	13811-519-50
Vol-Plus (1000ct)	13811-519-01
Triphrocaps	13811-525-01
TL Gard Rx	13811-527-01
TL Icon Caps	13811-528-60
TriAdvance	13811-529-90
TL-Fluorivite Chew	13811-530-10
Folivane-OB Capsules	13811-535-30
Taron-C DHA	13811-536-30
Folivane-F Capsules	13811-538-90
Folivane-Plus Capsules	13811-539-90
Taron-Prex Prenatal w/DHA	13811-543-30
Folivane-PRx DHA NF	13811-544-30
Triveen-PRx RNF	13811-558-30
AVO Cream 45g	13811-565-45
AVO Cream 90g	13811-565-90
Taron-Bc	13811-569-30
TL Folate	13811-574-10
TL Folate 500ct	13811-574-50
Zatean-Pn DHA	13811-580-30
Zatean-Pn	13811-581-90

TRIGEN LABORATORIES

Zatean-Pn Plus	13811-582-30
Zatean-CH	13811-583-30
TL-Triseb Cream	13811-587-30
Triveen-Duo DHA	13811-591-30
VemaVite-PRx 2	13811-598-30
TL-Select	13811-600-30
Vena-Bal DHA	13811-601-30
TL-HEM 150	13811-606-90
Trinatal GT	13811-614-90
Benazepril 5mg (100ct)	13811-627-10
Benazepril 10 mg (100ct)	13811-628-10
Benazepril 10 mg (500ct)	13811-628-50
Benazepril 20 mg (500ct)	13811-629-50
Benazepril 40 mg (500ct)	13811-630-50
Ropinirole ER 2mg (30ct)	13811-639-30
Ropinirole ER 2mg (90ct)	13811-639-90
Ropinirole ER 4mg (30ct)	13811-640-30
Ropinirole ER 4mg (90ct)	13811-640-90
Ropinirole ER 6mg (30ct)	13811-641-30
Ropinirole ER 8mg (30ct)	13811-642-30
Ropinirole ER 8mg (90ct)	13811-642-90
Ropinirole ER 12mg (30ct)	13811-643-30
Ropinirole ER 2mg (500ct)	13811-639-50
Ropinirole ER 4mg (500ct)	13811-640-50
Ropinirole ER 6mg (500ct)	13811-641-50
Ropinirole ER 8mg (500ct)	13811-642-50
Meclizine 12.5 mg Caplets, 1000 ct	13811-646-01
Meclizine 12.5 mg Caplets, 100 ct	13811-646-10
Meclizine 25 mg IR Tablets, 1000 ct	13811-647-01
Meclizine 25 mg IR Tablets, 100 ct	13811-647-10
Meclizine HCl 25 mg Chewable Tablets, 1000 ct	13811-648-01
Meclizine HCl 25 mg Chewable Tablets, 100 ct	13811-648-10
Hydorcodone Bitartrate and Acetaminophen tabs, USP 2.5mg / 325mg	13811-657-10
Duloxetine 20 mg 30 ct	13811-662-30
Duloxetine 20 mg 60 ct	13811-662-60
Duloxetine 20 mg 100 ct	13811-662-10
Duloxetine 20 mg 1000 ct	13811-662-01
Duloxetine 30mg 30 ct	13811-663-30
Duloxetine 30mg 90 ct	13811-663-90
Duloxetine 30mg 100 ct	13811-663-10
Duloxetine 30mg 1000 ct	13811-663-01
Duloxetine 60 mg 30 ct	13811-664-30
Duloxetine 60 mg 90 ct	13811-664-90
Duloxetine 60 mg 100 ct	13811-664-10
Duloxetine 60 mg 1000 ct	13811-664-01

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 28, 2021

You have searched Finished drug products

Search Results: *'trigen'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
chlorzoxazone	13811-717-10	375 mg/1	TABLET	ORAL	ANDA040861	Trigen Laboratories, LLC	13811-717	chlorzoxazone	CHLORZOXAZONE
chlorzoxazone	13811-718-10	750 mg/1	TABLET	ORAL	ANDA040861	Trigen Laboratories, LLC	13811-718	chlorzoxazone	CHLORZOXAZONE
Hydromorphone Hydrochloride	13811-701-10	8 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-701	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-702-10	12 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-702	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-703-10	16 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-703	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Hydromorphone Hydrochloride	13811-704-10	32 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205629	Trigen Laboratories, LLC	13811-704	Hydromorphone Hydrochloride	HYDROMORPHONE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-710-30	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-710	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-710-10	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-710	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-706-10	18 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-706	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-707-10	27 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-707	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Methylphenidate Hydrochloride	13811-708-10	36 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-708	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Methylphenidate Hydrochloride	13811-709-10	54 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Trigen Laboratories, LLC	13811-709	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE
Nitrofurantoin	13811-719-10	25 mg/1, 75 mg/1	CAPSULE	ORAL	ANDA208516	Trigen Laboratories, LLC	13811-719	Nitrofurantoin	NITROFURANTOIN; NITROFURANTOIN MONOHYDRATE
SODIUM PHENYLACETATE and SODIUM BENZOATE	13811-705-50	100 mg/mL, 100 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	ANDA207096	Trigen Laboratories, LLC	13811-705	sodium phenylacetate and sodium benzoate	SODIUM PHENYLACETATE; SODIUM BENZOATE
Sodium Polystyrene Sulfonate	13811-656-53	4.1 meq/g	SUSPENSION	ORAL; RECTAL	ANDA206815	Trigen Laboratories, LLC	13811-656	Sodium Polystyrene Sulfonate	SODIUM POLYSTYRENE SULFONATE
Timolol Maleate	13811-618-10	5 mg/1	TABLET	ORAL	ANDA207556	TRIGEN LABORATORIES, LLC	13811-618	Timolol Maleate	TIMOLOL MALEATE
Timolol Maleate	13811-620-10	20 mg/1	TABLET	ORAL	ANDA207556	TRIGEN LABORATORIES, LLC	13811-620	Timolol Maleate	TIMOLOL MALEATE
Tramadol Hydrochloride	13811-689-30	100 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-689	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Tramadol Hydrochloride	13811-690-30	200 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-690	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Tramadol Hydrochloride	13811-691-30	300 mg/1	CAPSULE	ORAL	NDA022370	Trigen Laboratories, LLC	13811-691	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-712-30	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-712	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-712-90	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-712	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-713-30	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-713	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-713-90	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-713	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-714-30	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-714	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-714-90	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-714	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-715-30	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-715	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE
Venlafaxine Hydrochloride	13811-715-90	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Trigen Laboratories, LLC	13811-715	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE

Showing 1 to 28 of 28 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BLYA460846

Application/License No. WH02085/WH02184

Trigen Laboratories, LLC
Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

2631 Causeway Center Drive Tampa, FL 33619
Address of Applicant/Principal

as PRINCIPAL, and The Hanover Insurance Company
Surety Company

, a corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln St Worcester, MA 01653
Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2014.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of October, 2014.

Trigen Laboratories, LLC

APPLICANT/PRINCIPAL

Authorized Representative

The Hanover Insurance Company

SURETY COMPANY

Surety Company's Representative

Peter Gudzak, AIF, Attorney-in-fact

print name

THE HANOVER INSURANCE COMPANY INCORPORATED 1972 NEW HAMPSHIRE

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Trigen Laboratories, LLC

Physical Address 2631 Causeway Center Dr.

City Tampa State FL Zip 33619

Mailing Address (if different from physical address) 895 Sawyer Road

City Marietta State GA Zip 30062

Telephone (908) 809-1300 Website https://www.trigenlab.com/

Licensing Company Email statelicense@trigenlab.com

Section 2: Personal Information

First Donald Middle _____ Last Wright

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Causeway Center Dr.

City Tampa State FL Zip 33619

Telephone [redacted] Email [redacted]@osmotica.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DAW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillsborough Community College		2003 - 2005	
Address	**City**	**State**	**Zip**
4001 W Tampa Bay Blvd	Tampa	FL	33614
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1/2011 - Present	[redacted] Trinida Dr.	Tampa	FL	34639
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DAV

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Trigen Laboratories, LLC		December 2011 - Present	
Business Address	**City**	**State**	**Zip**
2631 Causeway Center Dr.	Tampa	FL	33619
Phone	**Title**	**Number of Employed Hours**	
(908) 809-1300	Senior Manager Warehouse Operations & Logistics	about 20,000	
Description of Duties			
See attached resume			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DAL

I, Donald Wright, **certify that as the designated representative for**

Trigen Laboratories, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Donald Wright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 Jul 21

Date

Applicant's initials DNC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donald Wright
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 Jul 21
Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of HILLSBOROUGH

I, DON WRIGHT, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

27 Jul 21
Date

Subscribed and Sworn to before me this 27 day of July.

Notary Public Signature

TONYAH GODFREY
Notary Public-State of Florida
Commission # GG 961635
My Commission Expires
February 24, 2024

(Seal)

Applicant's initials DNW

Don Wright
[redacted]Trinidad Drive
Land O Lakes, Fl 34639
[redacted]
[redacted]@Trigenlab.com

Objective

To obtain a position with a successful organization, where I can make a major impact to the growth and profitability by utilizing my skills, achievements and proven leadership.

Summary of Qualifications

Over 10 years of Management experience with a strong emphasis on inventory controls, employee motivation/organization/development, cost controls and systems implementation.

Key Achievements

- *Renovated company training program resulting in 3% sales increase through better execution of employee tasks.*
- *Revised Inventory counting system reducing time spent counting while increasing accuracy.*
- *Designed and helped to code an inventory tool saving the cost of an outside inventory company as well as increasing accuracy and information.*
- *Achieved Top 10 Status for lowest employee turnover resulting in an annual savings of $10,000*

Key Skills

- *Proficient with Microsoft Office and similar suites.*
- *Proficient with IT troubleshooting and hardware issues.*
- *Certified in Sanitation and Safety by the State of Florida*
- *Skilled with Micros Financial Software*

Classes and Certifications

Florida Serve Safe Manager
Computer Engineering Technology, Hillsborough Community College 2003-2005
Skills Plus International California Designated Representative/ Exemptee Course.

Job Experience:

Trigen Labs

Warehouse Supply Chain Specialist and Warehouse Lead, *December 2011- Present*
Responsible for efficient and accurate shipping and receiving operations. Responsible for shipping order accuracy while striving for zero defects and/or non-conformances. Maintain organization of warehouse inventory in full compliance with Trigen procedures and regulatory requirements while increasing logistics efficiency. Revised the inventory counts system which has reduced time and increased accuracy. Maintained all shipping and receiveing documentation in compliance with Federal and State regulations. Responsible for compliance with DSCSA act. Ensured that all ASN's were acurate, worked with customers resolving any issues/inaccuracies.

Larry's Deli
***General Manager**, February 2010- January 2011*
Managed all aspects of Deli and retail operations. Designed and implemented a new menu that improved gross profits. Changed the layout of the store, which improved traffic flow and in turn improved retail sales. Managed improved sales versus last year. Created and implemented a new inventory system and program that increase inventory accuracy.

Mimi's Café
***Manager**, 2003 – 2010*
Manage the operations and staff of Mimi's restaurant, including the execution of all Company policies, procedures, programs and systems. Ensured achievement of restaurant objectives were reached in all areas while following all Company guidelines. Additionally, I ensured compliance with all federal, state and local laws and ethical business practices. Provided leadership, direction, training and development of personnel, which resulted in a dramatic increase in morale and execution while driving down turnover. Was part of a team that created training which was adopted by all East Coast stores for 3 years.

Saddlebrook Resort
***Banquet Captain**, 2000-2002*
Directed and motivated a team of 30 employees while personally assisting in providing high quality service based on requirements and standards. Provided clear and concise communication to employees having ownership in the success of the event. Identified training opportunities and planned strategies to accomplish event timing goals.

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

y

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Becton, Dickinson and Company

Physical Address: 1852 10th Ave

City: Columbus State: NE Zip: 68601

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 402-564-3181 Website: www.bd.com

Name of Designated Representative (DR): Francisco Pineda Hernandez

Licensing Company Email: N/A DR Email: Francisco_Pineda_Hernandez@bd.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	X	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

See Attachment A

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: New Jersey

Parent Company (if any): N/A

Corporation Name: Becton, Dickinson and Company

Mailing Address: 1 Becton Drive, Attn: Andrew Stellon, MC #119

City: Franklin Lakes State: NJ Zip: 07417

Telephone: 201-847-5497 Email: andrew_stellon@bd.com

Contact Person Name: Andrew Stellon

Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: BDX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Yes - not this facility	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.	N/A - publicly traded	

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment C	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** See Attachment E	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Francisco Pineda Hernandez
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Jan 04, 2022
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 9186

RECEIVED 1/24/22

Attachment C

Corporation Information

Corporate Officers:

Thomas Polen, Jr.
Chief Executive Officer and President

David Shan
Executive Vice President and Chief Quality Officer

Alexandre Conroy
Executive Vice President and Chief Integrated Supply Chain Officer

William Sigmund II
Executive Vice President and Chief Medical Officer

Antoine Ezell
Executive Vice President, President, North America and Chief Marketing Officer

Board of Directors

Catherine M. Burzik
Marshall O. Larsen
R. Andrew Eckert
David F. Melcher
Vincent A. Forlenza
Thomas E. Polen
Claire M. Fraser
Claire Pomeroy
Jeffrey W. Henderson
Rebecca W. Rimel
Christopher Jones
Timothy M. Ring
Bertram L. Scott

Designated Representative:

Francisco Pineda Hernandez
Associate Manager Quality

Attachment C

Corporation Information (continued)

Top 4 Corporation Shareholders:

Stockholder	Stake
The Vanguard Group, Inc.	8.08%
T. Rowe Price Associates, Inc.	5.44%
Wellington Management Co. LLP	5.10%
BlackRock Fund Advisors	4.71%

Attachment D

New Jersey Certificate of Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

BECTON, DICKINSON AND COMPANY
1943801000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 13, 1906.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GARY DEFAZIO
1 BECTON DRIVE
FRANKLIN LAKES, NJ 07417-1880

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of July, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6120815007

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

BECTON, DICKINSON AND COMPANY
1943801000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 13, 1906.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GARY DEFAZIO
1 BECTON DRIVE
FRANKLIN LAKES, NJ 07417-1880



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of January, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127004053

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Attachment F

Regarding the Resident State License

The Nebraska Department of Health and Human Services does not currently license prescription device manufacturers and distributors. As such, a resident state license cannot be provided.

For more information, please contact the Nebraska Department of Health and Human Services:

Tressa Waterman
Health Licensing Specialist
Phone: 402-471-2118
Email: tressa.waterman@nebraska.gov

Becton, Dickinson, and Company Employees List

Employee ID	Legal Name - Last Name	Legal Name - First Name
10057940	Aaberg	Brian
10331720	Abdi	Hassan
10310864	Abreu Guerra	Isalis Eliett
10132176	Adame	Eric
10133801	Adame	Jose
10279778	Adame	Miguel
10333486	Adame	Jasmine
10354075	Adame	Leslie
10273664	Adams	Angela
10062628	Adelman	Jeffrey
10130509	Afre	Carla
10312427	Aguilar	Abigail
10309125	Aguilar Carrizales	Joaquin
10304801	Ahlers	Trent
10326986	Akers	James
10307040	Alarcon	Erick
10119627	Albers	Jesse
10060854	Albracht	Paul
10065399	Albracht	Serena
10331460	Alday	Eddie
10054858	Alexander	Christopher
10056245	Allen	Darrell
10342555	Allen	Lindsay
10354511	Almazan	Yuliana
10288480	Almoguea Perez	Osmel
10259278	Alvarado	Jose
10284268	Alvarado	Elizabeth
620112	Alvarez	Brenda
10326504	Amador Guerra	Lemay
10138693	Amezquita	Boris
10117669	Amsler	Richard
10297359	Anderson	Carol
10308223	Anderson	Madeleine
10352570	Anderson	Mike
10353776	Anderson	Halie
10290865	Andert	Troy
10332326	Angel Fernandez	Jorge Alejandro
10309824	Aquino	Orlando
10263173	Aranda	Irene
10296996	Ardiano Cax	Jefferson
10337665	Arlt	Julien
10130486	Arroyo Avalos	Luis
10353758	Ash	Sylvia
10328394	Atwell	Curtis
10060936	Augustine-Semin	Charlene
10263219	Avila Valle	Sheimy
10327302	Avila-Boswell	Trevor
10066317	Azpeitia	Ana
10321775	Azuaje	Maria
10121560	Badje	Brian
10065180	Baer	Tom

10121086	Baeza	Danielle
10325582	Bahel Bele	Sophie Judith
10095341	Baker	Daniel
10055551	Baldwin	Bryan
10109600	Baldwin	Ryan
10330483	Baldwin	Thad
10066630	Ballentine	William
10343939	Barajas Aguilar	Ricardo
10290967	Baro Diaz	Ethian
10346439	Bartels	Drew
10054736	Bartholomew	Mark
10063405	Bartholomew	Jamie
10328390	Bartling	Lori
10352068	Bartolo	Sulmy
10059808	Barton	Kevin
10289255	Bassembat	Hanva
10057292	Bastian	Jean
10138390	Bastian	Steven
10062196	Bauer	William
10062002	Baumann	Mark
10091686	Baumann	Marinda
10058057	Bayer	Jeanette
10345105	Bayounguissa	Onyx
10349772	Bazer	Jason
10345700	Beach	Bradley
10110881	Beal	Julie
10121948	Becker	Barbara
10306131	Becker	Corey
10135187	Beckman	Gary
10347628	Beckman	Josef
10352824	Beckman	Cody
10297458	Bedolla	Rafael
10320163	Bedolla	Antonio
10297561	Behlen	Adriana
10296892	Behne	Tiffany
10055081	Behrens	David
10058222	Beiermann	Debra
10061460	Beiermann	Jamie
10065069	Bell	Jerry
10120798	Belmontes	Jessica
10135857	Belmontes	Eriberto
10059690	Beltz	Benjamin
10329234	Bender	Jessica
10343086	Benitez Carcamo	Diego
10281269	Bentele	Bradley
10290974	Bermudez	Frank
10287263	Bermudez-Chavez	Roberto
10319219	Bernal	Bryan
10334086	Berry	Jeffery
10332068	Bidon	Shawn
10289892	Bissu Bi nze	Aymard
10141270	Bluel	Jocelyn
10280414	Bluel	Jamon
10346164	Bluel	Ryken
10130525	Bogue	Courtney

10059976	Bohac	Patricia
10285334	Bond	Grant
10103492	Bonilla	Maria
10120572	Bonilla	Hector
10262411	Bonilla	Carolina
10055907	Bonk	Steven
10279112	Bordallo Diaz	Daimi
10283892	Borer	Bergen
10255219	Boschult	Elizabeth
10062539	Boss	Michelle
10335685	Bouyon Ibamba	Serge
10092824	Bower	Glen
10309622	Bower	David
10057781	Brabec	John
10064834	Brabec	Wayne
10120822	Brabec	Adam
10336494	Brabec	Jenna
10300858	Brakenhoff	Todd
10124897	Brandt	Rhonda
10091485	Brant	Aaron
10062267	Braun	Robert
10282171	Briggs	Barbara
10348942	Briones	Miguel
10338844	Brittain	Justin
10061232	Briza	Mary Ann
10273331	Brockhaus	Kathryn
10054633	Brodecky	Daniel
10326985	Brown	Theresa
10067534	Bruhn	Erick
10057124	Brunken	Richard
10269927	Brunken	Gunner
10309949	Bueno	Maria
10337674	Buford	Kenneth
10255421	Bunde	Michael
10124336	Buresh	Chaz
10112950	Burg	Tyler
10124397	Buschkamp	Kevin
10099224	Busler	Zachary
10093066	Busse	Kevin
10353679	Butler	Fabian
10055225	Bykerk	Royal
10299400	Cabrera Mendez	Fidelina
10321761	Cain	Trey
10264464	Calero Cabrera	Heidemarie
10299081	Campuzano	Arilyn
10061743	Canahui	Luis
10263058	Canarsky	Jordan
10290194	Caraballo	Gerardo
10277617	Carcamo	Evelyn
10329849	Carcamo	Mabel
10137364	Cardenas	Domingo
10253022	Cardenas	Evan
10260309	Carlson	Heather
10115130	Carnes	Billy
10340385	Carreto	Edgar

10253011	Carrizales	Leyber
10057747	Carskadon	Rodney
10109872	Carstens	Kent
10307089	Carter	Beth
10299005	Casey	Jacob
10350358	Casillas	Alexis
10101451	Casper	Maria
10278668	Castaneda	Ivan
10327483	Castaneda	Jorge
10130389	Castillo	Elizabeth
10331444	Castillo	Nelda
10120742	Cech	Brandi
10281642	Cech	Donald
10298886	Cech	Joseph
10057006	Cegielski	Crystal
10123201	Cegielski	Genevieve
10124268	Cermeno	William
10091589	Cerna	Mayra
10277829	Cerna	Cesar
10102309	Chaicoj	Jessica
10066726	Chavez	Luis
10117668	Chavez	Angel
10123200	Chavez	Jose
10126443	Chavez	Manuela
10292272	Chavez	Cendy
10348859	Chavez	Isabel
10114932	Chavez Vazquez	Martina
10139747	Cheloha	Donald
10329495	Cherek	Joan
10284530	Chilapa	Ivan
10098800	Chlopek	Lisa
10269235	Chollar	Cody
10271250	Christiansen	Chad
10301540	Ciriaco-Ferrer	Jaqueline
10060655	Classen	Robert
10066196	Classen	Terrence
10101200	Classen	Chad
10063680	Clayton	Tamara
10321758	Cloeter	Makenna
10095030	Cochrane	Mark
10137190	Cole	Howard
10305839	Cole	John
10280997	Collier	Shanice
10133566	Conkel	Emma
10276498	Cook	Matthew
10309483	Coria	Vanessa
10105314	Cornejo	Ruby
10107660	Cornejo	Vanessa
10348691	Cornejo	Salvador
10283809	Cornejo Franco	Cesar
10276096	Cortés	Alexander
10067443	Coufal	Daniel
10271238	Cramer	Martha
10276113	Crawford	Dalton
10343647	Crawford	Michaela

10058351	Crespo	George
10343642	Critser	Laurie
10263180	Cruz	Brenda
10271678	Cruz	Nicolas
10311019	Cruz	Llovana
10326210	Cruz	Brianna
10341981	Cruz	Oscar
10350502	Cruz Miranda	Wuirmys
10257730	Cuevas	Adalilia
10351616	Cuevas	Jessica
10325331	Cuevas-Gonzalez	Zayra
10270093	Cummings	Gabriel
10124776	Cunningham	Nile
10307424	Curtis	William
10349838	Cyza	Nicole
10252685	Czarnik	Eric
10061674	Dabill	Jenell
10324208	Damon	Dustin
10063415	Davis	Corrina
10254702	Davis	Josh
10309486	Davis	Jody
10330110	De Arcos	Carlos
10269771	de la Roz Manrresa	Yoan Manuel
10277839	de Leon	Trina
10131153	DeArcos	Michelle
10350096	Delacruz	Flor
10129673	Delgado-Rodarte	Anthony
10346830	Delozier	Todd
10059356	DeOss	Johnathon
10293141	Dewald	Evan
10271680	Diata	Eli
10093585	Diaz	Maria
10329695	Diaz	Martin
10344446	Diaz	Guadalupe
10351609	Diaz	Mario
10352063	Diaz Bravo	Roque
10325329	Diaz Torres	Yaremy
10110378	Dieckhoff	Jathan
10093445	Dietrich	Scott
10263065	Dimas	Christopher
10296528	Dittmer	Billy
10309624	Divis	Dustin
10141550	Dohmen	Rose
10292733	Dohmen	Lillian
10064032	Dolezal	Dale
10129453	Donner	Andrew
10055862	Dozier	Andrea
10091337	Dozier	Richard
10275218	Dozier	Caitlin
10347184	Drake	Mary
10349399	Drake	Kristine
10115672	Dubrow	Sara
10329497	Dubrow	Keith
10067031	Duhachek	Shelly
10348265	Dunmire	Kandy

10285336	Dush	Dawn
10062075	Dye	David
10292188	Eboma	Christian
10291132	Echemendia	Isaac
10329350	Echemendia Garces	Jordan
10302312	Echenmendia	Reinuy
10102889	Egger	Elizabeth
10065213	Egr	Paula
10281440	Elkins	Kayla
10123802	Elliott	Thomas
10255915	Encarnacion	Valente
10290645	Encarnacion	Yesenia
10327966	Equihua	Sonia
10123852	Ernst	James
10291784	Ernst	Rosalind
10300900	Ernst	Alfred
10062168	Esch	Karen
10098544	Espino	Ana
10338603	Espino	Saray
10288482	Espinosa Guerra	Rosalia
10067242	Espinoza	Maria
10109247	Espinoza	Maria
10306126	Espinoza	Gerardo
10313014	Espinoza	Jose
10122167	Espinoza Lopez	Jesus
10329496	Esquivel Bravo	Araceli
10278156	Evans	Scott
10309815	Eyrich	Mark
10123883	Fajman	Anthony
10056456	Faltys	Michael
10056721	Fangmeier	Jeremy
10335702	Fernandez	Lilian
10064077	Fernau	Monica
10066449	Fernau	Shawn
10129215	Fiallo Rodriguez	Isairis
10091685	Field	Blaine
10134122	Finales Penate	Jose
10131302	Fischer	Cole
10122153	Fisher	Richard
10153454	Flamme	Garrett
10123853	Flores Vallin	Raul
10114659	Fluckiger	Brett
10259014	Foley	Michael
10331092	Foley	Katelynn
10117173	Foran	William
10121314	Ford	David
10291810	Fountain	Jaryed
10058069	Fox	Barbara
10136448	Fozzard	Trevor
10335478	Franco	Erica
10306136	Franco Galvez	Nicolas
10119382	Frauendorfer	Jesse
10353769	Frerichs	Carl
10312570	Frieze	James
10294382	Fuentes	Cindy

10134043	Fuentes de Cid	Sonia
10130821	Fuentes Velasquez	Ariel
10108933	Gabel	Cody
10060654	Galley	Cara
10103919	Galley	Brian
10322589	Galvan Vasquez	David
10309951	Galvez Moreno	Stephanie
10121342	Garbers	Cody
10059215	Garcia	Jessica
10117159	Garcia	Jenifer
10136895	Garcia	Hilda
10280600	Garcia	Florinda
10329797	Garcia	Melvin
10337559	Garcia	Adrian
10330485	Garcia Cruz	Aimee
10331456	Garcia Lopez	Miguel
10280402	Garcia-Olivas	Daniela
10286699	Garrard	Miles
10054939	Garrelts	Stephen
10284161	Garrido Rodriguez	Macdiel
10064240	Gaston	Angela
10060451	Gates	Jerome
10300857	Gates	Taylor
10290971	Gaunt	Ryan
10066487	Geilenkirchen	Mark
10067499	Gennrich	Aron
10063675	Gerkensmeyer	Maria
10123750	Gifford	George
10120582	Gill	Cody
10290982	Goldfish	Avery
10055962	Gomez	Paula
10291327	Gomez	Claudia
10327544	Gomez	Joana
10331457	Gomez	Mario
10352958	Gomez	Isaias
10307037	Gomez Ceballos	Jesus
10338264	Gonzales	Claudia
10136427	Gonzalez	Maria E
10252197	Gonzalez	Lazaro
10292641	Gonzalez	Yeily
10310272	Gonzalez	Steve
10333219	Gonzalez	Luis
10335622	Gonzalez	Yuliannet
10340429	Gonzalez	Roselyn
10343083	Gonzalez	Francisco
10352870	Gonzalez	Brayan
10278299	Gonzalez Gonzalez	Victor
10131844	Gonzalez Mendoza	Jose
10136428	Gorra Perez	Jorge
10255466	Gotschall	Greg
10115361	Granados	Rene
10061544	Grape	Joshua
10067643	Grape	Ronald
10057073	Greenlee	Scott
10273367	Grijalva	Carlos

10130099	Grinan	Ireniuska
10106728	Grisham	Rodger
10061203	Gronenthal	Kevin
10067976	Gronenthal	Todd
10261139	Gronenthal	Nicole
10063327	Groteluschen	Deline
10062478	Grubaugh	Paul
10116220	Guerrero	Eva
10133239	Guerrero	Cristian
10308525	Guico	Pamela
10279404	Gumm	Toni
10307441	Gumm	Brian
10101744	Gutierrez	Sonia
10119482	Gutierrez	Leonardo
10265616	Gutierrez	Monica
10332836	Gutierrez Jr.	Alejandrino
10132224	Guzman Pineda	Anselmo
10303169	Guzman Tapia	Rene
10346170	Hackerott	Kaden
10346385	Hahn	Craig
10066147	Haiar	Robert
10343266	Hall	Darin
10129408	Ham Oliva	Wensy
10066146	Hammons	Charlene
10130093	Hank	Whitney
10309619	Hans	Harold
10055687	Hansen	Jennette
10346163	Harlow	Devon
10301726	Harms	Michael
10064035	Harouff	Matthew
10328073	Harouff	Ashley
10282633	Harper	Zak
10068084	Harris	Diane
10096098	Harsh	Jennifer
10126609	Harsh	Kenn
10113962	Hauder	Nicholas
10056473	Heibel	James
10054630	Heithoff	Brian
10063189	Heithoff	David
10337642	Heithoff	Dalten
10271755	Held	Thomas
10254221	Hellbusch	Christopher
10056363	Hembd	Jean
10065587	Hemmer	Laurie
10340656	Hendersen	Devin
10056531	Henke	Sara
10066349	Henke	Gail
10118938	Henry	Christopher
10321774	Hermsen	Gregory
10065204	Hernandez	Jorge
10136894	Hernandez	Kristal
10275393	Hernandez	Liliana
10275567	Hernandez	Aidee
10276108	Hernandez	Marco
10287297	Hernandez	Jesus

10295264	Hernandez	Abel
10308247	Hernandez	Julisa
10331149	Hernandez	Verenice
10303398	Hernandez Lopez	Yainely
10122172	Hernandez Morataya	Sandy
10264964	Herrera Sanchez	Nery Natali
10337561	Hersh	James
10056513	Hespen	J
10347400	Hespen	Aaliyah
10307044	Hetzler	Curtis
10063936	Hiemer	Deborah
10102308	Hillen	David
10055221	Hitz	Lynda
10065580	Hoadley	Gary
10116673	Holcomb	Olivia
10066415	Hollmann	Deborah
10090657	Holmberg	Kenneth
10060455	Hornaman	Troy
10133238	Houseman	Ermila
10306140	Howard	David
10347383	Howard	Landon
10122649	Howland	Aaron
10055879	Hron	Michael
10257706	Hron	Chase
10065562	Huerta	Ramiro Junior
10054920	Hughes	Kathleen
10304832	Hughes	William
10066243	Huhman	Jeffrey
10305848	Humlicek	Kenneth
10130282	Hunt	Dallas
10281436	Indra	Freddy
10130130	Iribarren San Miguel	Lisney
10132708	Isaguirre	Olivo
10264471	Ita	Alexis
10306307	Iturralde Alonso	Rosario
10320369	Izaguirre-Reyes	Osmunda
10274503	Jacinto	Daniel
10337643	Jack	Joanna
10124066	Jahen	Mike
10061079	Janousek	Dennis
10056419	Jarecki	Mickey
10095504	Jarecki	Kenneth
10298988	Jarecki	Tiffany
10057196	Jarosz	Jason
10282472	Jasper	Joseph
10063123	Jedlicka	Jeffrey
10056620	Jimenez	Jesus
10273444	Jimenez	Pamela
10282507	Jimenez	Dunia
10327801	Jimenez	Aurelia
10349715	Jimenez	Ana
10280660	Jimenez Galan	Ailet
10271377	Jimenez Gomez	Efrain
10307835	Jindra	Clayton
10063613	Johnson	Timothy

10120539	Johnson	Robert
10268529	Johnson	Cale
10273923	Johnson	Cathy
10281996	Johnson	Jared
10330480	Johnson	Ryan
10063197	Johnston	Brent
10344715	Johnston	Brandon
10060105	Jones	Maurice
10292645	Jones	Matthew
10309115	Jones	Kara
10124708	Juan Antonio	Juan
10121950	Juarez	Kara
10133792	Juarez Basilio	Maria
10127486	Juarez Diego	Eulalia
10098120	Judds-Krenk	Reno
10346734	Junghaene	Connie
10055064	Kadavy	Charlene
10068083	Kallenbach	Janet
10281507	Kallhoff	Mitchell
10305701	Kama Kibala Lemba	Smith
10062248	Kamm	Mandy
10132522	Kapinga	Carine
10065774	Kaspar	Tracy
10061082	Keener	Twila
10116332	Keener	Tammie
10253362	Keener	Andrew
10068081	Keith	Deborah
10107554	Keyes	Bruce
10305523	Kiat	Rebecca
10098454	Kibalya	Peter
10061355	Kietzke	Kirk
10153592	Kindschuh	Patricia
10061196	King	Starla
10096917	Kiser	Amanda
10061783	Klassen	Kimberly
10066219	Klatt	Holly
10098119	Kleckner	James
10290868	Kleckner	Oliver
10122353	Kleffner	Christopher
10117255	Knopick	Silas
10277613	Koch	Andela
10111058	Koehler	Craig
10061265	Koehn	Jackson
10336512	Koehn	Wade
10097297	Kohler	Scott
10117489	Kohler	Kayla
10065293	Konz	Brad
10054745	Koopman	Kenneth
10056742	Korger	Adam
10057828	Korte	Kevin
10063112	Korte	Aaron
10055394	Korth	Cindy
10096745	Kracman	Jessica
10091759	Kremlacek	Troy
10057111	Krings	Andrew

Attachment A

Statement of Explanation

Question #2: Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?

In November 2010, the Florida Department of Business and Professional Regulation denied the renewal of a wholesale drug distributor license for Becton, Dickinson and Company's (BD) Redlands, CA facility. The renewal was denied because the facility was no longer engaged in wholesale drug distribution in the state. Enclosed is a copy of the denial letter.

Question #3: Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

In September 2019, BD received a Notice of Violation from the Florida Department of Business and Professional Regulation (Department) alleging that the corporate headquarters in Franklin Lakes, NJ required a permit in addition to the distribution centers. BD entered into a settlement agreement with the Department and paid a non-disciplinary fine of $7,000. The Franklin Lakes, NJ facility currently holds an active Florida license and is in good standing with the Department. Enclosed is a copy of the settlement agreement.

In June 2021, the Alaska Board of Pharmacy (Board) opened an official investigation alleging BD's Four Oaks, NC facility failed to submit a completed application to process a change in facility manager within the required 30 days. BD submitted notification of the change via e-mail within the 30 day period. A completed application, including fingerprints, was submitted after the 30 day period and was delayed due to Covid-19 restrictions. In July 2021, the Board completed its investigation and issued a non-disciplinary letter of advisement. The investigation is now closed and no additional action will be taken. The Four Oaks, NC facility's Alaska license is in good standing with the Board. Enclosed is a copy of the letter of advisement.

In September 2021, BD's Four Oaks, NC facility agreed to a Stipulation and Final Agency Order with the Colorado Department of Regulatory Agencies (Department) related to failure to submit a completed application to process a change in designated representative within the required 30 day timeframe. BD submitted notification of the change via e-mail within the 30 day period however full submission of required documents were delayed due to Covid-19 restrictions. BD paid a fine of $1,150. The Four Oaks, NC facility currently holds an active Colorado license and is in good standing with the Department.

Signature: _____ Date: Jan 04, 2022

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

November 18, 2010

BD Distribution Center
22 West San Bernandino Avenue
Redland, California 92374

Applicant ID No.: 4221
Applicant Permit No.: 23:2195

Dear Mr. Forienza:

Attached is a notice of intent to deny letter that contains the Department's reasons for denying your Application for BD Distribution Center. The denial letter was previously sent to you by certified mail, but was returned unclaimed. Unless you file a Request for Administrative Hearing as described in the attached denial letter, within twenty-one (21) days from the date on this letter, your right to an Administrative Hearing and an appeal to an Appellate Court after that hearing shall be waived and the denial will become final.

Sincerely,

Trisha S. Porter

Trisha S. Porter
Regulatory Specialist II

Board of Pharmacy
NOV 29 2010

FLORIDA DRUGS, DEVICES AND COSMETICS PROGRAM
4052 Bald Cypress Way, Bin C04
Tallahassee, FL 32399-3258
http://www.doh.state.fl.us/mqa/ddc
(850) 617-6429 Facsimile

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Brandi May
DATE 10-26-10

October 27, 2010

Via Certified Mail – Return Receipt Requested
BD Distribution Center
Attention: Vincent A. Forlenza
2200 West San Bernardino Ave.
Redlands, CA 92374

RE: Out of State Prescription Drug Wholesale Distributor Permit Application
Permit 23: 2195
Notice of Intent to Deny Application

Dear Mr. Forlenza:

The Florida Department of Health, by and through its Drugs, Devices and Cosmetics Program (the "department") received the first portions of a renewal application (the "application") for an Out of State Prescription Drug Wholesale Distributor permit (the "permit") on approximately April 29, 2010. After careful review, the department intends to deny the application based upon the following facts, grounds and considerations:

Section 499.067(1)(a), Florida Statutes (F.S.), authorizes the department to deny an application for permit if there has been a substantial failure to comply with Sections 499.001 — 499.081, F.S., or the rules adopted thereunder. The failure to meet the criteria for obtaining a permit is a substantial failure to comply with the provisions of Sections 499.001 — 499.081, F.S. Section 499.067(1)(b), F.S., further authorizes the department to deny an application for a permit if the department finds that it would be a danger or would not be in the best interest of the public health, safety, and welfare if the applicant were issued a permit or certification; if the applicant has not met the requirements for the permit or certification; or, if the applicant demonstrates any of the conditions enumerated in Section 499.012, F.S.

Facts

1. On or about April 29, 2010, the Applicant submitted a renewal permit application for an Out of State Prescription Drug Wholesale Distributor establishment permit at 2200 West San Bernardino Avenue, Redlands, California 92374.

2. As part of the application process the Applicant did not provide the department with 12 sales invoices for the wholesale distribution of prescription drugs by the establishment dated within the previous year, including at least three of which must be dated in the previous six months.

3. As stated in the application the Applicant did not engage in 12 wholesale distributions of prescription drugs within the year previous to filing the application; and

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a. In response to a request for verification of this requirement, Applicant stated that no sales [into Florida] were made from the Redlands, California facility.

4. The Applicant did not provide the name and certification number of a designated (certified under chapter 499 part I F.S.) representative as part of the required complete application, nor did the Applicant provide the required documents evidencing wholesale distributions of prescription drugs from the establishment as described in paragraph 2 above and also required to be provided in the application form. The application is not complete.

Conclusions of Law

1. Section 499.012(10)(o), F.S. authorizes the department to deny an application for a permit or refuse to renew a permit for an out of state prescription drug wholesale distributor, if the department finds that the applicant has not actively engaged in the wholesale distribution of prescription drugs, as demonstrated by the regular and systematic distribution of prescription drugs throughout the year as evidenced by not fewer than 12 wholesale distributions in the previous year and not fewer than three wholesale distributions in the previous 6 months. The permit is denied pursuant to Section 499.012 (10) (o) F.S. The permit is also denied pursuant to Section 499.067 (1) (b) 4. F.S. because the Applicant has demonstrated any of the conditions enumerated in Section 499.012 F.S.

2. The Applicant failed to provide documentation that it engaged in the minimum number of wholesale distributions in the designated time frame, as described above and as required by the application. Thus, the Applicant did not complete the application as required by Section 499.012 (3) F.S. and Section 64F-12.015 (11) (c), Florida Administrative Code (F.A.C.). The permit is denied pursuant to Section 499.067 (1) (b) 2; 499.012 (1)(a) F.S. because the Applicant has not met the minimum permit requirements.

3. Section 499.012 (3) F.S. provides that a written application for permit or to renew a permit must be filed with the Department on forms furnished by the Department, and that the Department shall establish the form and content of the application by rule. Further, the Applicant in this proceeding was required to furnish the name of a certified designated representative by section 499.012 (16) (l) F.S. Denial of the permit is authorized under Section 499.067 (1) (b) 2. F.S., if the applicant has not met the requirements for the permit. The permit application form for renewal of this permit is adopted by rule at Section 64F-12.015 (7) F.A.C. The permit is denied pursuant to Section 499.067 (1) (b) 2.; 499.012(10) (a) F.S. because the Applicant has failed to meet the permit requirements by identifying a currently certified person on the application to function as the Applicant's certified designated representative, as required under Section 499.012 (16) F.S. and as required on the application form and at Section 499.012 (8) (l) F.S.

Having considered the above factors, the department hereby intends to deny the application of **BD Distribution Center** for an Out of State Prescription drug wholesale distributor establishment permit.

NOTICE OF RIGHTS TO HEARING AND APPEAL

You have the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, F.S., if you wish to challenge the intended agency action to deny your application for certification. Such proceedings are governed by Sections 120.569 and 120.57, F.S. and Rule 28-106, F.A.C. A request for a hearing involving disputed issues of material fact must comply with Rule 28-106.201, F.A.C. A request for a hearing not involving disputed issues of material fact must comply with Rule 28-106.301, F.A.C.

You have the right to be represented by counsel or other qualified representative, at your expense; to present evidence and argument; to call and cross-examine witnesses; and to have subpoena and subpoena duces tecum issued on your behalf if a hearing is requested.

A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this Notice. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, FL 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within twenty-one (21) days from receipt of this notice will constitute a waiver of your right to an administrative hearing, under Rule 28-106.111, F.A.C. and this notice shall become a "final order".

Should this notice become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one (1) copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate Florida Appellate District. The notice of appeal must be filed within thirty (30) days of rendition of the final order.

Sincerely,

Gregg Jones, RPh, CPh
Compliance Manager
Drugs, Devices and Cosmetics Program

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

Case No.: 2019-033943

v.

BECTON DICKINSON AND COMPANY,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-033943 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Becton Dickinson and Company (hereinafter, "Respondent") is not permitted at this time by the Department.

2. Respondent's address of record is 1 Becton Drive, Franklin Lakes, New Jersey 07417.

3. Respondent was issued a Notice of Violation on September 19, 2019, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-033943, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of seven thousand dollars ($7,000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-033943 have been corrected.

9. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in

any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-033943. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

BECTON DICKINSON AND COMPANY,	**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Prepared by:

Kathryn E. Price
Chief Attorney, DDC

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8162
Toll free fax: 907.269.8195

July 29, 2021

Email: Andrew.Stellon@BD.com

Becton, Dickinson and Company
Attn: Andrew Stellon
130 Four Oaks Parkway
Four Oaks, NC 27524

Re: State of Alaska Board of Pharmacy- Case No.: 2021-000469

NON-DISCIPLINARY LETTER OF ADVISEMENT

Dear Andrew Stellon,

This letter is to advise you the State of Alaska, Division of Corporations, Business and Professional Licensing (Division) and Alaska Board of Pharmacy (Board) have completed the investigation of the licensing allegations filed against BD Distribution Center.

After a thorough review by a licensed board member, it was determined that due to the Change of Facility Manager Form not being used in the initial notification of the changes to facility mangers and not completing the new application process for the new facility manager within the required 30 days, BD Distribution Center was in violation of the following Alaska regulations:

12 AAC 52.610. WHOLESALE DRUG DISTRIBUTOR LICENSE. (d) Within 30 days after a change in location, ownership, or facility manager, the new facility manager must (1) submit the completed change of facility manager form provided by the department;

12 AAC 52.610. WHOLESALE DRUG DISTRIBUTOR LICENSE. (d) Within 30 days after a change in location, ownership, or facility manager, the new facility manager must (3) meet the requirements of (b)(4) and (6) of this section.

The board member determined violation(s) were present, however, it was their opinion that your actions did not rise to the level requiring formal disciplinary action against your license, and the appropriate disposition for this matter is to issue you this **Non-Disciplinary Letter of Advisement.**

This letter advises BD Distribution Center to ensure all notification and document requirements outlined in 12 AAC 52.610 are completed within the 30-day timeline moving forward.

This letter will be retained in our files and is evidence of the Board's concern and the fact you have been notified of the requirement under Alaska Statute 08.80 and Regulation 12 AAC 52 to abide by all laws governing your license.

This investigation is now closed and no further action will be taken. This letter is non-disciplinary and, therefore, cannot be appealed. This document will not be posted on the public website; however, it is a public document and may be released to an inquirer through an Alaska Public Records Request. Because you were under official investigation, you, the Board, or the Division may be required to report that information on future license applications, including your Alaska renewal.

Thank you for your cooperation in this matter. Please feel free to contact me directly via email michael.bowles@alaska.gov.

Respectfully,

DocuSigned by:

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Michael Bowles
Investigator
State of Alaska, Board of Pharmacy

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2021-4562

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE *NON-RESIDENT* WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF **BECTON, DICKINSON AND COMPANY**, REGISTRATION NO. WHO 7853,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Becton, Dickinson and Company ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2021-4562, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 14, 2011, being issued registration #WHO 7853, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 130 Four Oaks Parkway, Four Oaks, NC 27524.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, 85 days transpired between February 25, 2021, the date the previous designated representative ceased the position, and May 21, 2021, the date the application and fee were received.

6. On or about July 22, 2021, the Board initiated a complaint against Respondent Outlet because of the delay of 85 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

Policy Number: 30-19 Prescription Drug Outlet, In-State, Nonresident, and Other Pharmacist Manager Changes and Consultant Pharmacist

POLICY:

For the first instance of a prescription drug outlet or other outlet failing to make application and pay the required fee within 30-days of the previous manager leaving the position, the matter will be handled as follows:
A) Board staff will initiate a complaint (case) against the registration of the prescription drug outlet, or other outlet, pharmacist manager or consultant pharmacist.
B) If credible evidence is provided in its response to the complaint that it submitted a timely application and fee to the Board to change the pharmacist manager, or consultant pharmacist, or contests the alleged failure to make the application and pay the fee, the complaint and response shall be referred to the Board for disposition in the regular course of business.
C) If credible evidence is not provided in its response to the complaint that it submitted a timely application and fee to the Board to change the pharmacist manager, or consultant pharmacist,, or does not contest the alleged failure to make the application and fee, disposition of the case will occur as follows:
i) If the application and fee are received by the Board by the 45th day following the previous pharmacist manager leaving, the complaint will be dismissed with a confidential letter of concern.
ii) If the application and fee are received by the Board from the 46th through the 59th day following the previous pharmacist manager leaving, a Letter of Admonition will be issued to the pharmacy.
iii) If the application and fee are received by the Board on or after the 60th day following the previous pharmacist manager leaving, the case will be referred to the Office of Expedited Settlement ("ESP") with guidance for a non-negotiable fine of $1000 and agreement for future compliance with all manager changes. Should ESP fail to obtain a settlement in the matter, the matter shall be referred to the Office of the Attorney General ("OAG") with the same settlement guidance. For the second instance of a prescription drug outlet or other outlet failing to make application and pay the required fee within 30-days of the previous manager leaving the position, the matter will be handled as follows:
D) Board staff will initiate a complaint (case) against the registration of the prescription drug outlet, or other outlet, pharmacist manager or consultant pharmacist.
E) If credible evidence is provided in its response to the complaint that it submitted a timely application and fee to the Board to change the pharmacist manager, or consultant pharmacist, or contests the alleged failure to make the application and pay the fee, the complaint and response shall be referred to the Board for disposition in the regular course of business.
F) If credible evidence is not provided in its response to the complaint that it submitted a timely application and fee to the Board to change the pharmacist manager, or consultant pharmacist,, or does not contest the alleged failure to make the application and fee, disposition of the case will occur as follows:
i) If the application and fee are received by the Board by the 45th day following the previous pharmacist manager leaving, the case will be referred to the Office of Expedited Settlement ("ESP") with guidance for a non-negotiable fine of $1000 and

agreement for future compliance with all manager changes. Should ESP fail to obtain a settlement in the matter, the matter shall be referred to the Office of the Attorney General ("OAG") with the same settlement guidance.
ii) If the application and fee are received by the Board from the 46th through the 59th day following the previous pharmacist manager leaving, the case will be referred to the Office of Expedited Settlement ("ESP") with guidance for a non-negotiable fine of $5000 and agreement for future compliance with all manager changes. Should ESP fail to obtain a settlement in the matter, the matter shall be referred to the Office of the Attorney General ("OAG") with the same settlement guidance.
iii) If the application and fee are received by the Board on or after the 60th day following the previous pharmacist manager leaving, the case will be referred to the Office of Expedited Settlement ("ESP") with guidance for a non-negotiable fine of $6000 and agreement for future compliance with all manager changes. Should ESP fail to obtain a settlement in the matter, the matter shall be referred to the Office of the Attorney General ("OAG") with the same settlement guidance.
G) This policy is intended as settlement guidance only and is not intended to deprive the Board of its authority to exercise discretion in seeking a penalty within the range of reasonable alternatives in the event a case does not settle under the above terms and proceeds to a hearing.

TERMS OF DISCIPLINE

9. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred and Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties.

In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Effective Date**. This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Outlet

DocuSigned by:
Brian Plemmons
54788B50BE33401...

Dated: 14-Sep-2021

Authorized Representative

Brian Plemmons

Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 20 day of September, 2021.

State Board of Pharmacy

BY: Dmitry Kunin

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 20 day of September 2021, addressed as follows:

Becton, Dickinson and Company
kmmiele@pbnlaw.com
130 Four Oaks Parkway
Four Oaks, NC 27524
Email: kmmiele@pbnlaw.com

Lana Hyatte
Agent of the Board

Attachment B

FDA Registration

Becton, Dickinson and Company's 1852 10th Ave., Columbus, NE 68601 and 2153 12th Ave., Columbus, NE 68601 locations are considered a campus by the FDA. A campus is assigned one FDA registration number. Enclosed please find proof of FDA registration.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

(Mark One)

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended September 30, 2021

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

COMMISSION FILE NUMBER: 001-4802

BECTON, DICKINSON AND COMPANY

(Exact name of registrant as specified in its charter)

New Jersey	**22-0760120**
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*
1 Becton Drive, Franklin Lakes, New Jersey	**07417-1880**
(Address of principal executive offices)	*(Zip code)*

Registrant's telephone number, including area code **(201) 847-6800**

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol	Name of Each Exchange on Which Registered
Common stock, par value $1.00	BDX	New York Stock Exchange
Depositary Shares, each representing a 1/20th interest in a share of 6.00% Mandatory Convertible Preferred Stock, Series B	BDXB	New York Stock Exchange
1.000% Notes due December 15, 2022	BDX22A	New York Stock Exchange
1.900% Notes due December 15, 2026	BDX26	New York Stock Exchange
1.401% Notes due May 24, 2023	BDX23A	New York Stock Exchange
3.020% Notes due May 24, 2025	BDX25	New York Stock Exchange
0.632% Notes due June 4, 2023	BDX/23A	New York Stock Exchange
1.208% Notes due June 4, 2026	BDX/26A	New York Stock Exchange
1.213% Notes due February 12, 2036	BDX/36	New York Stock Exchange
0.000% Notes due August 13, 2023	BDX23B	New York Stock Exchange
0.034% Notes due August 13, 2025	BDX25A	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a "large accelerated filer," an "accelerated filer," a "non-accelerated filer," a "smaller reporting company," or an "emerging growth company "

Large accelerated filer	☑	Accelerated filer	☐	Non-accelerated filer	☐
Smaller reporting company	☐	Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☑

As of March 31, 2021, the aggregate market value of the registrant's outstanding common stock held by non-affiliates of the registrant was approximately $70,616,222,365

As of October 31, 2021, 284,023,582 shares of the registrant's common stock were outstanding.

Documents Incorporated by Reference Portions of the registrant's Proxy Statement for the Annual Meeting of Shareholders to be held January 25, 2022 are incorporated by reference into Part III hereof.

Attachment E

SEC Form 10-K

Enclosed are pages 1-10 of the current SEC Form 10-K. The full Form 10-K is available here: https://www.sec.gov/ix?doc=/Archives/edgar/data/10795/000001079521000091/bdx-20210930.htm

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PART I

Item 1. ***Business.***

General

Becton, Dickinson and Company (also referred to herein as "BD") was incorporated under the laws of the State of New Jersey in November 1906, as successor to a New York business started in 1897. BD's executive offices are located at 1 Becton Drive, Franklin Lakes, New Jersey 07417-1880, and its telephone number is (201) 847-6800. All references in this Form 10-K to "BD", "the Company", "we", "our" or "us" refer to Becton, Dickinson and Company and its domestic and foreign subsidiaries, unless otherwise indicated by the context.

BD is a global medical technology company engaged in the development, manufacture and sale of a broad range of medical supplies, devices, laboratory equipment and diagnostic products used by healthcare institutions, physicians, life science researchers, clinical laboratories, the pharmaceutical industry and the general public. We provide customer solutions that are focused on improving medication management and patient safety; supporting infection prevention practices; equipping surgical and interventional procedures; improving drug delivery; aiding anesthesiology care; enhancing the diagnosis of infectious diseases and cancers; advancing cellular research and applications; and supporting the management of diabetes.

Business Segments

BD's operations consist of three worldwide business segments: BD Medical, BD Life Sciences and BD Interventional. Information with respect to BD's business segments is included in Note 7 to the consolidated financial statements contained in Item 8. Financial Statements and Supplementary Data, and is incorporated herein by reference.

BD Medical

BD Medical produces a broad array of medical technologies and devices that are used to help improve healthcare delivery in a wide range of settings. The primary customers served by BD Medical are hospitals and clinics; physicians' office practices; consumers and retail pharmacies; governmental and nonprofit public health agencies; pharmaceutical companies; and healthcare workers. BD Medical consists of the following organizational units:

Organizational Unit	*Principal Product Lines*
Medication Delivery Solutions	Peripheral intravenous ("IV") catheters (conventional, safety); advanced peripheral catheters (guidewire assisted peripherally inserted venous catheters, midline catheters, port access); central lines (peripherally inserted central catheters); acute dialysis catheters; vascular access technology (ultrasonic imaging); vascular care (lock solutions, prefilled flush syringes, disinfecting caps); vascular preparation (skin antiseptics, dressings, securement); needle-free IV connectors and extensions sets; closed-system drug transfer devices; hazardous drug detection; conventional and safety hypodermic syringes and needles, anesthesia needles (spinal, epidural) and trays; enteral syringes; and sharps disposal systems.
Medication Management Solutions	IV medication safety and infusion therapy delivery systems, including infusion pumps, dedicated disposables, and IV fluids; medication compounding workflow systems; automated medication dispensing; automated supply management systems; medication inventory optimization and tracking systems; and informatics and analytics solutions for enterprise medication management.
Diabetes Care	Syringes, pen needles and other products related to the injection or infusion of insulin and other drugs used in the treatment of diabetes.
Pharmaceutical Systems	Prefillable drug delivery systems - prefillable syringes, safety, shielding and self-injection systems and support services (combination product testing, technical and regulatory) - provided to pharmaceutical companies for use as containers for injectable pharmaceutical products, which are then placed on the market as drug/device combinations.

BD Life Sciences

BD Life Sciences provides products for the safe collection and transport of diagnostics specimens, and instruments and reagent systems to detect a broad range of infectious diseases, healthcare-associated infections and cancers. In addition, BD Life Sciences produces research and clinical tools that facilitate the study of cells, and the components of cells, to gain a better understanding of normal and disease processes. That information is used to aid the discovery and development of new drugs and vaccines, and to improve the diagnosis and management of diseases. The primary customers served by BD Life Sciences are hospitals, laboratories and clinics; blood banks; healthcare workers; public health agencies; physicians' office practices; retail pharmacies; academic and government institutions; and pharmaceutical and biotechnology companies. With the emergency use authorization approval of the At Home COVID-19 test, BD Life Sciences also serves patients directly. BD Life Sciences consists of the following organizational units:

Organizational Unit	*Principal Product Lines*
Integrated Diagnostic Solutions	Integrated systems for specimen collection; safety-engineered blood collection products and systems; automated blood culturing and tuberculosis culturing systems; molecular testing systems for infectious diseases and women's health; microorganism identification and drug susceptibility systems; liquid-based cytology systems and HPV tests for cervical cancer screening; rapid diagnostic assays for testing of respiratory infections; microbiology laboratory automation; and plated media for clinical and industrial applications.
Biosciences	Fluorescence-activated cell sorters and analyzers; antibodies and kits for performing cell analysis; reagent systems for life science research; solutions for high-throughput single-cell gene expression analysis; and clinical oncology, immunological (HIV) and transplantation diagnostic/monitoring reagents and analyzers.

BD Interventional

BD Interventional provides vascular, urology, oncology and surgical specialty products that are intended, with the exception of the V. Mueller™ surgical and laparoscopic instrumentation products, to be used once and then discarded or are either temporarily or permanently implanted. The primary customers served by BD Interventional are hospitals, individual healthcare professionals, extended care facilities, alternate site facilities, and patients via our Homecare business. BD Interventional consists of the following organizational units:

Organizational Unit	*Principal Product Lines*
Surgery	Hernia and soft tissue repair, biological grafts, bioresorbable grafts, biosurgery, and other surgical products; BD ChloraPrep™ surgical infection prevention products; and V. Mueller™ surgical and laparoscopic instrumentation products.
Peripheral Intervention	Percutaneous transluminal angioplasty ("PTA") balloon catheters, peripheral vascular stents, self-expanding and balloon-expandable stent grafts, vascular grafts, drug coated balloons, ports, biopsy, chronic dialysis, feeding, inferior vena catheter filters, endovascular fistula creation devices and drainage products, and atherectomy and thrombectomy systems.
Urology and Critical Care	Urine management & measurement devices, urological drainage products, intermittent catheters, kidney stone management devices, Targeted Temperature Management, and fecal management devices.

Divestiture

Advanced Bioprocessing

In October 2018, BD completed the sale of its Life Sciences segment's Advanced Bioprocessing business pursuant to a definitive agreement that was signed in September 2018.

Additional information regarding this divestiture is contained in Note 10 to the consolidated financial statements contained in Item 8. Financial Statements and Supplementary Data, which is incorporated herein by reference.

International Operations

BD's products are manufactured and sold worldwide. For reporting purposes, we organize our operations outside the United States as follows: EMEA (which includes Europe, the Middle East and Africa); Greater Asia (which includes countries in Greater China, Japan, South Asia, Southeast Asia, Korea, and Australia and New Zealand); Latin America (which includes Mexico, Central America, the Caribbean and South America); and Canada. BD has manufacturing operations outside the United States in Bosnia and Herzegovina, Brazil, Canada, China, Dominican Republic, France, Germany, Hungary, India, Ireland, Israel, Italy, Japan, Malaysia, Mexico, the Netherlands, Singapore, Spain, and the United Kingdom. Geographic information with respect to BD's operations is included under the heading "Geographic Information" in Note 7 to the consolidated financial statements included in Item 8. Financial Statements and Supplementary Data.

Foreign economic conditions and exchange rate fluctuations have caused the profitability related to foreign revenues to fluctuate more than the profitability related to domestic revenues. BD believes its activities in some countries outside the United States involve greater risk than its domestic business due to the factors cited herein, as well as the economic environment, local commercial and economic policies and political uncertainties. See further discussion of these risks in Item 1A. Risk Factors.

Distribution

BD's products are marketed and distributed in the United States and internationally through independent distribution channels, and directly to hospitals and other healthcare institutions by BD and independent sales representatives. BD uses acute care, non-acute care, laboratory and drug wholesaler distributors to broadly support our overall disposable product demand from our end user customers in the United States. In international markets, products are distributed either directly or through distributors, with the practice varying by country. Order backlog is not material to BD's business inasmuch as orders for BD products generally are received and filled on a current basis. BD's worldwide sales are not generally seasonal, with the exception of certain medical devices in the Medication Delivery Solutions business unit, and flu diagnostic products in the Integrated Diagnostic Systems business unit, both of which relate to seasonal diseases such as influenza. In order to service its customers, optimize logistics, lower facilities costs and reduce finished goods inventory levels, BD operates consolidated distribution facilities globally.

Raw Materials and Components

BD purchases many different types of raw materials and components, including plastics, glass, metals, textiles, paper products, agricultural products, electronic and mechanical sub-assemblies and various biological, chemical and petrochemical products. BD seeks to ensure continuity of supply by securing multiple options for sourcing. However, there are situations where raw materials and components are only available from one supplier, which are referred to as sole sourced. The use of sole sourced materials and components may be due to sourcing of proprietary and/or patented technology and processes that are intended to provide a unique market differentiation to our product. In other cases, while a raw material or component can be sourced from multiple manufacturers, only one supplier is qualified due to quality assurance, cost or other considerations. In order to provide alternate sources, BD must complete a rigorous qualification process, which most often includes completion of regulatory registration and approval. If clinical trials are not required, this qualification process

can take 3-18 months depending on the criticality of the change. When clinical trials are required, this process may lengthen the qualification phase from one to three years. BD continuously assesses its sole sourced raw materials and components, and maintains business continuity plans with its suppliers. BD's continuity plans may include securing secondary supply with alternate suppliers, qualification of alternate manufacturing facilities, maintaining contingency stock, internal development of supply and establishment of technology escrow accounts. While BD works closely with its suppliers, no assurance can be given that these efforts will be successful, and there may be events that cause supply interruption, reduction or termination that adversely impacts BD's ability to manufacture and sell certain products. See further discussion of the risks related to the supply chain and raw materials in Item 1A. Risk Factors.

Research and Development

BD conducts its research and development ("R&D") activities at its operating units and across global enterprise centers of excellence located in the United States, India, China, Singapore, and Ireland. The majority of BD's R&D activities are conducted in North America. Outside North America, BD has a significant R&D presence in Greater Asia and Europe. BD also collaborates with certain universities, medical centers and other entities on R&D programs and retains individual consultants and partners to support its efforts in specialized fields.

Intellectual Property and Licenses

BD owns significant intellectual property, including patents, patent applications, technology, trade secrets, know-how, copyrights and trademarks in the United States and other countries. BD is also licensed under domestic and foreign patents, patent applications, technology, trade secrets, know-how, copyrights and trademarks owned by others. In the aggregate, these intellectual property assets and licenses are of material importance to BD's business. BD believes, however, that no single patent, technology, trademark, intellectual property asset or license is material in relation to BD's business as a whole, or to any business segment.

Competition

BD operates in the increasingly complex and challenging medical technology marketplace. Technological advances and scientific discoveries have accelerated the pace of change in medical technology, the regulatory environment of medical products is becoming more complex and vigorous, and economic conditions have resulted in a challenging market. Companies of varying sizes compete in the global medical technology field. Some are more specialized than BD with respect to particular markets, and some have greater financial resources than BD. New companies have entered the field, particularly in the areas of molecular diagnostics, safety-engineered devices and in the life sciences, and established companies have diversified their business activities into the medical technology area. Other firms engaged in the distribution of medical technology products have become manufacturers of medical devices and instruments as well. Acquisitions and collaborations by and among companies seeking a competitive advantage also affect the competitive environment. In addition, the entry into the market of low-cost manufacturers has created increased pricing pressures. BD competes in this evolving marketplace on the basis of many factors, including price, quality, innovation, service, reputation, distribution and promotion. The impact of these factors on BD's competitive position varies among BD's various product offerings. In order to remain competitive in the industries in which it operates, BD continues to make investments in R&D, quality management, quality improvement, product innovation and productivity improvement in support of its core strategies. See further discussion of the risks relating to competition in the medical technology industry in Item 1A. Risk Factors.

Third-Party Reimbursement

Reimbursement is an important strategic consideration in the development and marketing of medical technology. Obtaining coverage, coding and payment is critical to the commercial success of a new product or procedure. Difficulty in achieving market access can lead to slow adoption in the marketplace and inadequate payment levels that can continue for months or even years.

A majority of BD's customers rely on third-party payers, including government programs and private health insurance plans, to reimburse some or all of the cost of the procedures, products and services they provide. Vertical integration has created a very concentrated market among commercial third-party payers in the U.S. Global payers are increasingly focused on strategies to control spending on healthcare and reward improvements in quality and patient outcomes.

BD is actively engaged in identifying and communicating value propositions of its products for payer, provider, and patient stakeholders, and it employs various efforts and resources to attempt to positively impact coverage, coding and payment pathways. However, BD has no direct control over payer decision-making with respect to coverage and payment levels for BD products. The manner and level of reimbursement in any given case may depend on the site of care, the procedure(s) performed, the final patient diagnosis, the device(s) and/or drug(s) utilized, the available budget, or a combination of these factors, and coverage and payment levels are determined at each payer's discretion. As BD's product offerings are diverse across a variety of healthcare settings, they are affected to varying degrees by the many payment pathways that impact the decisions of healthcare providers regarding which medical products they purchase and the prices they are willing to pay for those products. Therefore, changes in reimbursement levels or methods may either positively or negatively impact sales of BD products in any given country for any given product.

As government programs expand healthcare coverage for their citizens, they have at the same time sought to control costs by limiting the amount of reimbursement they will pay for particular procedures, products or services. In addition, most payers are seeking price predictability in order to mitigate future exposure to manufacturer price increases. This is coupled with an increase in high deductible private insurance plans, which transfer more pricing exposure and burden directly to the patient.

Many payers both in the U.S. and globally have developed specific payment and delivery mechanisms to support these cost control efforts and to focus on paying for value. These mechanisms include payment reductions, pay for performance measures, quality-based performance payments, restrictive coverage policies, bidding and tender mechanics, studies to compare the effectiveness of therapies and use of technology assessments. These changes, whether the result of legislation, new strategic alliances or market consolidations, have created an increased emphasis on the delivery of more cost-effective and quality-driven healthcare.

For example, as a result of the Patient Protection and Affordable Care Act ("PPACA"), the U.S. has implemented value-based payment methodologies and has created alternative payment models such as bundled payments to continue to drive improved value. We see other governments around the world considering similar bundling reform measures, with the utilization of the Diagnosis Related Group ("DRG") as a payment mechanism to drive toward quality and resource based reimbursement becoming more common in regions outside the U.S.

Regulation

General

BD's operations are global and are affected by complex state, federal and international laws relating to healthcare, environmental protection, antitrust, anti-corruption, marketing, fraud and abuse (including anti-kickback and false claims laws), export control, product safety and efficacy, employment, privacy and other areas.

BD's medical technology products and operations are subject to regulation by the U.S. Food and Drug Administration ("FDA") and various other federal and state agencies, as well as by foreign governmental agencies. These agencies enforce laws and regulations that govern the development, testing, manufacturing, labeling, advertising, marketing and distribution, and market surveillance of BD's medical products. The scope of the activities of these agencies, particularly in the Europe, Japan, and Asia Pacific regions in which BD operates, has been increasing.

BD actively maintains FDA/ISO Quality Systems that establish standards for its product design, manufacturing, and distribution processes. Prior to marketing or selling most of its products, BD must secure approval from the FDA and counterpart non-U.S. regulatory agencies. Following the introduction of a product,

these agencies engage in periodic reviews and inspections of BD's quality systems, as well as product performance and advertising and promotional materials. These regulatory controls, as well as any changes in agency policies, can affect the time and cost associated with the development, introduction and continued availability of new and existing products. Where possible, BD anticipates these factors in its product development and planning processes. These agencies possess the authority to take various administrative and legal actions against BD, such as product recalls, product seizures and other civil and criminal sanctions. BD also undertakes voluntary compliance actions, such as voluntary recalls.

BD also is subject to various federal and state laws, and laws outside the United States, concerning healthcare fraud and abuse (including false claims laws and anti-kickback laws), global anti-corruption, transportation, safety and health, and customs and exports. Many of the agencies enforcing these laws have increased their enforcement activities with respect to medical device manufacturers in recent years. This is part of a general trend toward increased regulation and enforcement activity within and outside the United States.

In addition, as part of PPACA, the federal government has enacted the Sunshine Act provisions requiring BD to publicly report gifts and payments made to physicians and teaching hospitals. Countries outside the United States have enacted similar local laws requiring medical device companies to report transfers of value to health care providers licensed in those countries. Failure to comply with these laws could result in a range of fines, penalties and/or other sanctions.

Consent Decree with FDA

Our infusion pump organizational unit is operating under an amended consent decree entered into by CareFusion with the FDA in 2007. CareFusion's consent decree with the FDA is related to its Alaris™ SE infusion pumps. In February 2009, CareFusion and the FDA amended the consent decree to include all infusion pumps manufactured by or for CareFusion 303, Inc., the organizational unit that manufactures and sells BD Alaris™ infusion pumps in the United States. The amended consent decree does not apply to intravenous administration sets and accessories.

While this BD organizational unit remains subject to the amended consent decree, which includes the requirements of the original consent decree, it has made substantial progress in its compliance efforts. However, we cannot predict the outcome of this matter, and the amended consent decree authorizes the FDA, in the event of any violations in the future, to order us to cease manufacturing and distributing infusion pumps, recall products and take other actions. We may be required to pay damages of $15,000 per day per violation if we fail to comply with any provision of the amended consent decree, up to $15 million per year.

We also cannot currently predict whether additional monetary investment will be incurred to resolve this matter or the matter's ultimate impact on our business. We may be obligated to pay more costs in the future because, among other things, the FDA may determine that we are not fully compliant with the amended consent decree and therefore impose penalties under the amended consent decree, and/or we may be subject to future proceedings and litigation relating to the matters addressed in the amended consent decree, including, but not limited to, fines, penalties, other monetary remedies, and expansion of the terms of the amended consent decree. As of September 30, 2021, we do not believe that a loss is probable in connection with the amended consent decree, and accordingly, we have no accruals associated with compliance with the amended consent decree.

We are undertaking certain remediation of our BD Alaris System, and are currently shipping the product in the U.S., only in cases of medical necessity and to remediate recalled software versions. We will not be able to fully resume commercial operations for the BD Alaris System in the U.S. until a 510(k) submission relating to the product has been cleared by the FDA. No assurances can be given as to when or if clearance will be obtained from the FDA.

Following an inspection that began in March 2020 of our Medication Management Systems facility (CareFusion 303, Inc.) in San Diego, California, the FDA issued to BD a Form 483 Notice that contains a number of observations of non-conformance. BD has provided the FDA with its response to the Form 483 and has begun to implement certain corrective actions to address the observations. However, the FDA's review of the items raised in the Form 483 remains ongoing and no assurances can be given regarding further action by

the FDA as a result of the observations, including but not limited to action pursuant to the amended consent decree.

FDA Warning Letter

On January 11, 2018, BD received a Warning Letter from the FDA with respect to our former BD Preanalytical Systems ("PAS") unit, citing certain alleged violations of quality system regulations and of law. The Warning Letter states that, until BD resolves the outstanding issues covered by the Warning Letter, the FDA will not clear or approve any premarket submissions for Class III devices to which the non-conformances are reasonably related or grant requests for certificates to foreign governments. BD has worked closely with the FDA and implemented corrective actions to address the quality management system concerns identified in the warning letter. In March 2020, the FDA conducted a subsequent inspection of PAS, which it classified as Voluntary Action Indicated, which means the FDA will not take or recommend any administrative or regulatory action as a result of the unit's response to the observations associated with the quality management concerns in the inspection. BD continues to work with the FDA to generate additional clinical evidence and file 510(k)s as remaining commitments associated with the Warning Letter. The FDA review of these remaining commitments is ongoing and no assurances can be given regarding further action by the FDA as a result of these commitments, including but not limited to action pursuant to the Warning Letter.

Consent Order - Covington, Georgia, USA

On October 28, 2019, BD entered into a consent order with the Environmental Protection Division of the Georgia Department of Natural Resources (the "EPD"), following the filing of a complaint and motion for temporary restraining order by the EPD seeking to enjoin BD from continuing sterilization operations at its Covington, Georgia facility. Under the terms of the consent order, which has been amended two times upon mutual agreement of BD and EPD, BD voluntarily agreed to a number of operational changes at its Covington and Madison, Georgia facilities, as well as at its distribution center in Covington, designed to further reduce ethylene oxide emissions, including but not limited to operating at a reduced capacity. BD does not believe that the consent order will have a material impact on its operations. Violation of the consent order, though, could subject us to additional restrictions on the sterilization operations at our Covington and Madison facilities. BD has business continuity plans in place to mitigate the impact of any additional restrictions on our operations at these facilities, although it is possible that these plans will not be able to fully offset such impact, especially considering the reduced capacity of third-party sterilization service providers and the regulatory timelines associated with transferring sterilization operations for regulated products.

At a broader level, several states have increased the regulatory requirements associated with the use and emission of ethylene oxide, the most frequently used sterilant for medical devices and health care products in the U.S. This increased regulation could require BD or sterilization service providers, including providers used by BD, to temporarily suspend operations to install additional air quality controls, limit the use of ethylene oxide or take other actions, which would further reduce the available capacity of third-party providers to sterilize medical devices and health care products. A few states have filed lawsuits to require additional air quality controls and expand limitations on the use of ethylene oxide at sterilization facilities. In December 2020, the State of New Mexico filed a lawsuit seeking a temporary restraining order and a preliminary and permanent injunction against a major medical device sterilizer, which sterilizes certain of our surgery products, to reduce ethylene oxide emissions associated with their sterilization process. On the federal level, in late 2019, the U.S. Environmental Protection Agency provided notice that it would be conducting rulemaking to reconsider federal regulations applicable to the use and emission of ethylene oxide. If any such proceedings or rulemaking result in the suspension of sterilization operations at BD or at medical device sterilizers used by BD, or otherwise limit the availability of third-party sterilization capacity, this could interrupt or otherwise adversely impact production of certain of our products. BD has business continuity plans in place to mitigate the impact of any such disruptions, although these plans may not be able to fully offset such impact, for the reasons noted above.

For further discussion of risks relating to the regulations to which we are subject, see Item 1A. Risk Factors.

Human Capital Management

At BD, our associates are guided by our Purpose, *advancing the world of health* and The BD WAY, our culture and values. Each empowers our associates to contribute individuality, unique ideas, and experiences to fuel innovation and better patient outcomes. As of September 30, 2021, BD is comprised of approximately 75,000 associates located in over 62 countries. Attracting, developing and retaining talented people in technical, marketing, sales, research and other positions is crucial to executing our strategy and our ability to compete effectively in a highly competitive medical technology industry. Our ability to recruit and retain such talent depends on several factors, including compensation and benefits, talent development and career opportunities, and our unique culture. To that end, we continually invest in our associates in order to be an employer of choice.

Inclusion, Diversity & Equity

We continually engage a workforce that reflects the communities we live and work in and the customers and patients we serve, and that possesses a broad range of thought and experiences which have helped BD achieve our leadership position in the medical technology industry and the global marketplace. A key component of our journey to continually build a better BD is our commitment to global inclusion, diversity and equity ("ID&E"). We believe this commitment allows us to better our understanding of patient and customer needs and develop technologies to meet those needs. Our ID&E efforts have garnered recognitions, including Best Places to Work for Disability and LGBTQ Inclusion, Bloomberg's Gender Equality Index, and Diversity Inc.'s Noteworthy Companies.

While we continue to demonstrate progress in the diverse representation of our workforce, we seek to continuously improve in this area. Each year, we establish annual corporate ID&E goals to improve hiring, development, advancement, and retention of diverse talent, and to advance our culture of inclusion. In addition, our executive leaders serve as sponsors of our nine associate-led resource groups ("ARGs") who are empowered to set strategic goals that drive belonging, allyship, community service and professional development.

Externally, we are building on our existing momentum and remain involved in industry ID&E efforts with the Advanced Medical Technology Association (AdvaMed) to improve diversity in the medical technology industry. We remain committed to support and partner with the United Nation's Open for Business, United Negro College Fund, the Equal Justice Initiative ("EJI") and our BD Helping Build Healthy Communities initiative. Through the BD Helping Build Healthy Communities™ initiative, we committed $22.6 million to support Direct Relief and the National Association of Community Health Centers in expanding the innovative practices of U.S. community health centers, which collectively serve more than 30 million U.S. patients, the majority of which are in underserved communities. We also built upon our support for the EJI, taking the opportunity to engage our associates in a 21-Day Racial Equity and Social Justice Challenge to bring further awareness and understanding of social and racial justice issues. For each associate that engaged with the challenge, we committed an additional monetary donation to the EJI.

BD 2021 Workforce Diversity Representation

	Gender (Global)	Year-Over-Year Improvement	Race (U.S. Only)	Year-Over-Year Improvement
Executive	30%	+2%	20%	—
Management	40%	+1%	29%	+1%
All associates	49%	—	38%	—

For the above table, we define "executives" as associates in positions of vice president and above. "Management" positions are defined as those in manager, director or equivalent roles. Information regarding race and gender is based on information provided by associates.

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: FedEx Supply Chain, Inc.

Physical Address: 2469 Westpoint Blvd

City: Mooresville State: IN Zip: 46157

Mailing Address (if different from physical address): 145 Lt George W. Lee Ave

City: Memphis State: TN Zip: 38103

Telephone: 317-416-9674 Website: supplychain@fedex.com

Name of Designated Representative (DR): Matthew Barthuly

Licensing Company Email: FSC-pharmalicensing@fedex.com DR Email: matt.barthuly@fedex.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	✓	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: FedEx Corporation

Mailing Address: 942 S. Shady Grove Rd

City: Memphis State: TN Zip: 38120

Telephone: 800-463-3339 Email: FSC-pharmalicensing@fedex.com

Contact Person Name: Allan Brown is the contact for the company, Cynthia Moore is the contact for the application

Date of SEC Registration: 10/02/1997 | SEC Registration Number: 1-15829 | Stock Exchange Symbol: FDX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Allan Brown

Print Name of Authorized Person Submitting Application

Allan W B

Original signature of Authorized Person (copies or stamps not accepted)

12/21/21

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ received 1/21/22

FedEx Supply Chain, Inc.
FEIN: 25-1766580
Incorporated in the State of Delaware on June 7, 1995

FedEx Supply Chain Holdings, Inc.
Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Ownership: 100%

Scott Temple, CEO/President (Effective 01/14/2019)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Michael Schimpf, CFO/Treasurer (Effective 11/23/18)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Allan Brown, Secretary (Effective 02/08/20)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Maria Herrera

From: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Sent: Friday, February 25, 2022 2:02 PM
To: Maria Herrera
Cc: FSC-Pharma Licensing
Subject: RE: Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.
Attachments: FedEx Supply Chain Inc. - DE - Cert of Good Standing 25 Feb 2022.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon Maria,

Below is the explanation regarding the Indiana Home State License:

Ind. Code Ann. § 25-26-14-14.2 requires licensure for third-party logistics providers handling legend drugs. Ind. Code Ann. § 25-26-14-7 defines "legend drug" and specifically states that the term does not include a device or device component, part, or accessory.
As our IN facility distributes only prescription devices, and does not distribute legend drugs, the IN license is not applicable.

In addition, attached is a current Certificate of Good Standing.

Please let me know if you require additional information.

Thank you,
Cynthia R. Moore
License Analyst

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, February 24, 2022 10:59 AM
To: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Subject: [EXTERNAL] RE: Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.

Caution! This email originated outside of FedEx. Please do not open attachments or click links from an unknown or suspicious origin.

Good Morning Cynthia,

Maria Herrera

From: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Sent: Thursday, February 17, 2022 11:48 AM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.
Attachments: FedEx Supply Chain Inc. - DE - Cert of Good Standing 25 Feb 2021.pdf; Form 10K.pdf; Ind Statutes addressing device third party logistics licensure (2).pdf

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon Maria,

Attached are the additional documents to be included with our initial application.

Regarding the List of employees, the only employee is the General Manager, Matthew Barthuly. Mr. Barthuly is currently working on the hiring process. Additionally, there is no product at the facility.

Please let me know if you have any questions or concerns.

Thank you,

Cynthia R. Moore
License Analyst

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, January 21, 2022 6:20 PM
To: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Subject: [EXTERNAL] Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.

Caution! This email originated outside of FedEx. Please do not open attachments or click links from an unknown or suspicious origin.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDEX SUPPLY CHAIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2513710 8300

SR# 20220723267

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202767886

Date: 02-25-22

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-4829

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF FEDEX SUPPLY CHAIN, INC., REGISTRATION NO. WHO 7476,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and FedEx Supply Chain, Inc. ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-4829, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about January 13, 2009, being issued registration number WHO 7476, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1600 Ruffin Mill Rd., Bldg. E, Colonial Heights, VA 23834.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, 524 days transpired between December 1, 2014, the date the previous designated representative ceased the position, and October 1, 2016, the date the application and fee were received.

6. On or about June 21, 2018, the Board initiated a complaint against Respondent Outlet because of the delay of 524 days in submitting an application for change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements.

(5) The designated representative of an applicant for a wholesaler license shall:

(i) Update all of the information required in this part 3 whenever changes occur.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall

therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7476) and the case number (2018-4829) on the check.

9. Compliance. Respondent Outlet shall report all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such change in designated representative.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to wholesaler outlets and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying

on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Completion of Terms. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 11th day of January 2019, addressed as follows:

By electronic mail to Respondent:
FedEx Supply Chain, Inc.
Attn: Outlet Manager
1600 Ruffin Mill Rd, Bldg. E
Colonial Heights, VA 23834
Email: FSC-pharmalicensing@fedex.com

John D. Kendzior, Esq.
Reed Smith LLP
Email: JKendzior@reedsmith.com

Linda Stanko
Agent of the Board

ACCEPTED AND AGREED BY

Respondent Outlet

[signature] Dated: 1/4/19

Authorized Representative

Bradley Peacock / SVP GC

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 10 day of January, 2019.

State Board of Pharmacy

BY: [signature]

Dmitry Kunin

Program Director

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO
BOARD OF PHARMACY

name prior 1/11/17

IN THE MATTER OF:

Genco I, Inc.
~~100~~ Papercraft Park
Pittsburgh, PA 15238

CASE NO. 2015-1834

WDDD License No. 01-2490200

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (OSBP) and Genco I, Inc., for the purpose of resolving all issues between the parties relating to the OSBP investigation of Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application. Together, OSBP and Genco I, Inc. are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the OSBP has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.56 of the Ohio Revised Code to practice pharmacy the state of Ohio.

2. Genco I, Inc. is a licensed Wholesale Distributor of Dangerous Drugs under license number 01-2490200.

FACTS

1. On or about April 4, 2015, the OSBP initiated an investigation of Genco I, Inc., Wholesale Distributor of Dangerous Drugs license number 01-2490200, related to Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application.

2. On or about November 9, 2015, the OSBP sent a Notice of Opportunity for Hearing to Genco I, Inc., which outlined the allegations and provided notice of their right to a hearing, their rights in such hearing, and their right to submit contentions in writing.

3. On or about December 8, 2015, Genco I, Inc. timely requested an administrative hearing, which was subsequently scheduled for May 3, 2016.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Genco I, Inc. denies the allegations stated in the Notice of Opportunity for hearing letter dated November 9, 2015; however, the OSBP has evidence sufficient to sustain the allegations and hereby adjudicates the same.

3. Genco I, Inc. agrees to pay to the OSBP the amount of $2,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the OSBP, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the effective date of this Agreement.

4. Genco I, Inc. must submit a corrected application and pay the application fee.

5. Genco I, Inc. agrees and acknowledges that this OSBP disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which they currently hold a professional license, as required by law, including the OSBP on renewal applications or applications for a new license.

6. Genco I, Inc. agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729 and the Rules adopted thereunder, Chapter 3719, and the Rules adopted thereunder, Chapter 3715 and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Genco I, Inc. of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Genco I, Inc. by the OSBP and will NOT discharge Genco I, Inc. from any obligation under the terms of this Agreement.

7. Genco I, Inc. agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Genco I, Inc. understands that they have the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Genco I, Inc. will operate.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Genco I, Inc., Respondent — Date of Signature: 4/28/16

Lisa Pierce Reisz, Attorney for Respondent — Date of Signature: 4/29/16

Kiled S. Yarosh, R.Ph., President, Ohio State Board of Pharmacy — Date of Signature: 5/2/16

Matthew J. Lampke, Ohio Assistant Attorney General — Date of Signature: 5/2/16

Addendum to Application – Disciplinary Response

No disciplinary actions are pending by a professional licensing authority. The Applicant was cited by the Ohio Board of Pharmacy in 2015 for an incorrect response to an application question and by the Colorado Board of Pharmacy in 2018 for failure to provide notice of a change in designated representative within the time period allotted by the Board of Pharmacy's rules (30 days). No other disciplinary action has been taken by a professional licensing authority.

SURETY RIDER

To be attached to and form a part of

Bond No. SU1135289

dated effective November 17, 2017
(MONTH-DAY-YEAR)

executed by FedEx Supply Chain, Inc.
(PRINCIPAL) , as Principal,

and by Arch Insurance Company, as Surety,

in favor of State of Nevada and the Nevada State Board of Pharmacy
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

TO ADD THE FOLLOWING LOCATIONS TO THE BOND:

FedEx Supply Chain, Inc. - 1750 Shenango Road, New Galilee, PA 16141
FedEx Supply Chain, Inc. - 2086 Corporate Center Drive W., Tobyhanna, PA 18466
FedEx Supply Chain, Inc. - 3955 E. Holmes Road, Memphis, TN 38118
FedEx Supply Chain, Inc. - 6750 Legacy Blvd., Suite 101, Olive Branch, MS 38654
FedEx Supply Chain, Inc. - 12200 Presidents Ct., Jacksonville, FL 32200
FedEx Supply Chain, Inc.. - 5620 Inner Park Drive, Edwardsville, IL 62025
FedEx Supply Chain, Inc. - 700 Commerce Parkway West Dr., Greenwood, IN 46143
FedEx Supply Chain, Inc. - 5885 Sierra Ave., Fontana, CA 92336
FedEx Supply Chain, Inc. - 25300 Globe St., Moreno Valley, CA 92551
FedEx Supply Chain, Inc. - 9570 Logistics Ct., Columbus, OH 43217

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective October 12, 2020
(MONTH-DAY-YEAR)

Signed and Sealed October 12, 2020
(MONTH-DAY-YEAR)

FedEx Supply Chain, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL) Allan W Brown

Arch Insurance Company
(SURETY)

By: _____
Elizabeth A. Hartzberg, Attorney-In-Fact

S-0443/GEEF 10/99

Matthew A. Barthuly

[redacted] Baltimore Ct., Carmel, IN 46033
[redacted]@gmail.com Cell: [redacted] www.linkedin.com/in/[redacted]

DISTRIBUTION OPERATIONS PROFESSIONAL

A proven multi-site leader with expertise in adding value to premier companies through performance management, cost analysis, continuous improvement, and planning for operational excellence. Professional who delivers positive results through strong interpersonal skills, building effective teams, and developing people to maximize potential.

STRENGTHS & EXPERTISE

- **Participative Leadership**
- **Operations Analysis**
- **P&L Management**
- **DC Startup**
- **Continuous Improvement**
- **Team Building**
- **3PL Management**
- **Metrics Development**
- **Performance Management**

PROFESSIONAL EXPERIENCE

FEDEX SUPPLY CHAIN 11/2020 - Present
General Manager

Responsible for all Operation functions and customer relations for Stryker Corp in a 700k square foot facility employing 350 hourly teammates.

DIRECT SHOT DISTRIBUTION/LEGACY SUPPLY CHAIN 07/2019 – 08/2020
Director of Operations:

Responsible for all Operation functions for a multi-client 3PL facility. The facility is 750k square feet and employs up to 300 hourly associates.

- Executed strategies to reduce backlog in order to meet customer SLAs
- Reconfigured Forward Pick locations for ABC slotting and efficient pick processing
- Implemented WMS conversion from AS400 to Manhattan SCALE

AMERISOURCEBERGEN CORPORATION 09/2016-10/2018
Director of Operations:

Led Distribution Operations for a new 400k square foot highly automated healthcare and pharmaceutical fulfillment facility, including all new building startup activities. The start-up was considered the most successful by all Project Support teams.

- Directed all activities from Engineers, Construction Team, and IT support to install and test all system capabilities
- Staffed with all new Leadership Team and hourly associates – highly engaged culture and all SOP trained for fulfillment operations
- Achieved on time startup with seamless transition to pharmacy and healthcare customers
- Maintained average inventory of $500M with an accuracy rate of 99.96%
- Attained On Time Departure rate greater than 99% through order prioritization and tracking
- Achieved Fulfillment Accuracy rate of 99.8% through implementing error accuracy program
- Implemented Engineered Standards and associate incentive plan
- Evaluated product slotting
  - Improved Feet Per Pick by 25% in 6 months - top DC in class
  - Obtained 73% of manually picked product from fast moving locations

CARRIER CORPORATION, Indpls, IN 10/2010 – 01/2016
Manager of Distribution Operations:

Led Warehousing and Distribution Operations for Carrier HVAC North America, a division of United Technologies Corporation. Managed cost, quality, safety, strategic direction, and service performance of 6 Distribution Centers with >2M square feet of inventory and a $40M operating budget. Indirect responsibility for outbound transportation costs and carrier performance.

- Reduced YOY operating costs by 15% through operations analysis and reduction of OT
- Reached $300K damage reduction by conducting root cause analysis, collaborating with support, and implementing corrective action.

- Coordinated reduction and transfer of inventory without service failures to customers and executed all shutdown activities on time and on budget for closure of Tyler, TX distribution center.
- Directed successful startup of 500K square foot Distribution Center in San Antonio, TX by planning and analyzing building design and layout during pre-construction phase
  - Achieved on time startup by leading all processes and system integration activities;
  - Ensured efficient operations and cost control by developing metrics.
- Managed WMS system conversion to SAP at Lewisburg, TN distribution center through project planning and delegation of responsibilities to on-site team.
  - Executed cutover with minimal interruption to customer service
- Achieved on time startup and 100% inventory accuracy of temporary 400k square foot off-site replenishment facility through development of manual process flows and inventory control procedures.
  - Executed project below budget expectations through labor analysis and adjustments

ELECTROLUX MAJOR APPLIANCES – NORTH AMERICA, Indpls, IN 09/2005 – 10/2010

General Manager:

Led functions of warehousing operation including financial P/L, Human Resources, Transportation, Safety, and Maintenance within a 365k square foot facility. In addition, was assigned responsibilities for a TMS implementation in 4 North America facilities.

- Managed operation below budget YOY by developing and implementing performance metrics, re-negotiating material and supply costs, and maintaining proper staffing levels
  - 7% labor improvement in '06 resulting in $130k reduction.
  - 9.5% labor improvement in '07 resulting in $160k reduction.
  - 10% operating cost improvement in '07 resulting in $55k reduction
- Reduced fleet transportation costs by $300k through route and capacity utilization analysis
- Increased efficiency of daily load planning and reduction of transportation costs by implementing Oracle Transportation Management System in 4 Regional DCs
  - Developed and tested system changes as Process Leader on the Oracle project team
- Led short lead time startup of new DC in Pottsville, PA by performing requirements analysis, procuring equipment and supplies, staffing, and training of personnel
- Utilized operation experience and process knowledge to provide input as an Extended Team Member for a strategic 5-year global SAP implementation project

ADDITIONAL EXPERIENCE

TARGET CORPORATION DISTRIBUTION CENTER, Indpls, IN

Warehousing Operations Manager
Inbound Operations Manager
Packing/Repack/Music & Movies Operation Manager
Production Scheduler
Expediter
Operations Supervisor

SIMON & SCHUSTER, SCHOOL GROUP, Indpls, IN

Receiving Supervisor

AT&T, GBS DIVISION, Carmel, IN

Account Representative

GENERAL FOODS CORP., Lafayette, IN

Operations Supervisor

EDUCATION

PURDUE UNIVERSITY, West Lafayette, IN

Bachelor of Science (BS) in Supervision, School of Technology

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended May 31, 2021.

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the transition period from _____ to _____.

Commission file number 1-15829

FedEx Corporation

(Exact Name of Registrant as Specified in its Charter)

Delaware	**62-1721435**
(State or Other Jurisdiction of Incorporation or Organization)	*(I.R.S. Employer Identification No.)*
942 South Shady Grove Road, Memphis, Tennessee	**38120**
(Address of Principal Executive Offices)	*(ZIP Code)*

Registrant's telephone number, including area code: **(901) 818-7500**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $0.10 per share	**FDX**	**New York Stock Exchange**
0.450% Notes due 2025	**FDX 25A**	**New York Stock Exchange**
1.625% Notes due 2027	**FDX 27**	**New York Stock Exchange**
0.450% Notes due 2029	**FDX 29A**	**New York Stock Exchange**
1.300% Notes due 2031	**FDX 31**	**New York Stock Exchange**
0.950% Notes due 2033	**FDX 33**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☑

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☑ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the Registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the Registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the common stock held by non-affiliates of the Registrant, computed by reference to the closing price as of the last business day of the Registrant's most recently completed second fiscal quarter, November 30, 2020, was approximately $70.2 billion. The Registrant has no non-voting stock.

As of July 15, 2021, 267,348,232 shares of the Registrant's common stock were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's definitive proxy statement to be delivered to stockholders in connection with the 2021 annual meeting of stockholders to be held on September 27, 2021 are incorporated by reference in response to Part III of this Report.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Henry Schein Inc.

Physical Address: 1080 S. Kimball Avenue Suite 160

City: Southlake State: Texas Zip: 76092

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 1-800-367-3674 Website: outlet.center@henryschein.com

Name of Designated Representative (DR): Robert Hammond

Licensing Company Email: licensure@henryschein.com DR Email: Rob.Hammond@henryschein.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A *This location does not distribute Pharmaceutical Products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Henry Schein Inc.

Mailing Address: 135 Duryea Road

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: licensure@henryschein.com

Contact Person Name: Gary Tiamsic

Date of SEC Registration: see attached 10K | SEC Registration Number: See attached 10K | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: N/A

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: N/A

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ettinger
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/18/22
Date

Board Use Only	Date Received: _____	Amount: 500 00

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Board of Directors:

Stanley M. Bergman
Mohamad Ali
Barry J. Alperin
Gerald A. Benjamin
James P. Breslawski
Deborah Derby
Joseph L. Herring
Kurt P. Kuehn
Philip A. Laskawy
Anne H. Margulies
Mark E. Mlotek
Steven Paladino
Carol Raphael
E. Dianne Rekow, DDS, Ph.D.
Scott Serota
Bradley T. Sheares, Ph.D.
Reed V. Tuckson, M.D., FACP

Incorporated Delaware 12/23/1992

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595
Officers:

Stanley M. Bergman	Chief Executive Officer	[redacted] UN Plaza, Apartment [redacted], New York, NY 10017 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
James P. Breslawski	Vice Chairman and President Henry Schein Inc.	[redacted] Pheasant Run St. James, NY 11780 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Steven Paladino	Executive Vice President Chief Financial Officer	[redacted] Tammi Court Kings Park, NY 11754 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Mark E. Mlotek	Executive Vice President Chief Strategic Officer	[redacted] First Ave, Apt [redacted] New York, NY 10016 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Michael S. Ettinger	Senior Vice President Corporate and Legal Affairs Secretary	[redacted] Elm Street Woodbury, NY 11797 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]

Incorporated Delaware 12/23/1992

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

List of Top 4 Shareholders Henry Schein Inc.

Name	Ownership Percentage
The Vangaurd Group	10.98%
Generation Investment Management, LLP	9.59%
Longview Partners, LLP	7.89%
State Street Global Advisors	5.22%

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

HENRY SCHEIN PROREPAIR
1080 S KIMBALL AVE STE 160
SOUTHLAKE TX 76092

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

HENRY SCHEIN INC

1080 S KIMBALL AVE STE 160
SOUTHLAKE, TX 76092

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002933
Expires: September 20, 2023

NON-TRANSFERABLE

Commissioner

511907

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20220396083

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202611531

Date: 02-09-22

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

Henry Schein Inc. Southlake, TX Employee List as of 02/22/2022

Employee Name	Job Title	Location
Allan L Phillips	Shipping/Receiving Rep - PRORP	Southlake, TX, USA
David Vargas	Technician	Southlake, TX, USA
Endrick Claiborne	Technician	Southlake, TX, USA
Markus Storm	Technician	Southlake, TX, USA
Oscar Salguero	Supervisor Repair Operations	Southlake, TX, USA
Robert E Hammond	Manager	Southlake, TX, USA
Theresa Winkleman	Sr Customer Service Rep	Southlake, TX, USA
Vincent G. Frazier	Technician	Southlake, TX, USA
Edmund Wayne Sablatura	Package Processor	Southlake, TX, USA

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

X

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02902	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 13250 E. Smith Road Unit E

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 303-344-9200 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Bernardino Lopez

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: bernardino.lopez@covetrus.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 869104

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Covetrus North America, LLC		13250 E. Smith Rd Ste E Aurora, CO 80011-2056

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006065	Original	Wholesaler In-State	Active	02/12/2008	11/01/2020	10/31/2022

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2009-2556	CLS Stipulation	Stipulation	07/28/2009	07/28/2009

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=125782&docGuid=C849E0EF-7738-4E27-94B9-B62F11772C75)	125782	BOARD/PROGRAM ACTION DOCUMENTS	IMAGE

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	02/06/19
Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	Reaccreditation in process

1 2 Next >>

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Contact

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Covetrus - Aurora - Employee List(71196085.1)

Members

Worker	Position	Location
Bryan Ferguson	Shipping/Receiving/Stores Management 2	Aurora, Colorado (US)
Christopher Castaneda	DC Team Member - Inbound	Aurora, Colorado (US)
Duane Jones	Material Handler 2 - Hourly	Aurora, Colorado (US)
Larry Dias	Material Handler 2 - Hourly	Aurora, Colorado (US)
Leanne Adelhardt	Material Handler 2 - Hourly	Aurora, Colorado (US)
Mark Cole	Material Handler 3 - Hourly	Aurora, Colorado (US)
Melissa Orozco	Material Handler 2 - Hourly	Aurora, Colorado (US)
Nino Lopez	Distribution Center Manager	Aurora, Colorado (US)
Prakash bhattarai	DC Team Member	Aurora, Colorado (US)
Scott Odermatt	Material Handler 2 - Hourly	Aurora, Colorado (US)
Tulshi Bhattarai	Material Handler 2 - Hourly	Aurora, Colorado (US)
Yaquelin Gutierrez Lopez	Picker/Packer	Aurora, Colorado (US)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 13250 E. Smith Road Unit E

City Aurora State CO Zip 80011

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone (855) 724-3461 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Bernardino Middle _____ Last Lopez

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] E. Smith Road Unit E

City Aurora State CO Zip 80011

Telephone [redacted] Email bernardino.lopez@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☑

Applicant's initials BZ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
College of the Sequoias			1995-1997	
Address		**City**	**State**	**Zip**
915 S Mooney Blvd		Visalia	CA	93277
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Lovell Highschool			1992-1995	
Address		**City**	**State**	**Zip**
12724 Avenue 392		Cutler	CA	93615
Diploma/Degree obtained, if any				
Highschool Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2007 - Present	[redacted] Nancy RD	Cutler	CA	93615
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BZ

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			06/2021 - Present	
Business Address		**City**	**State**	**Zip**
13250 E. Smith Road Unit E		Aurora	CO	80011
Phone	**Title**		**Number of Employed Hours**	
303-344-9200	Distribution Facility Manager		2,600	
Description of Duties	Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned			

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			04/2016 - 06/2021	
Business Address		**City**	**State**	**Zip**
7940 W Doe Ave Suite 400		Visalia	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Inventory Operations Manager		8,320	
Description of Duties	Direct all outbound activities including shipping, routing, storing, handling, returned/damaged good, recalls, inventory control, freight claims, safety team coordinator.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials BL

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☑	☐
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/28/1998	N/A	CA	N/A	Tulare
Case # DCT107149, DCM062044, DCT055491		**Governing, licensing, Arresting Presiding Body/Agency/Court** Superior Court of the State of California		
Reason/Charge Spousal Abuse, Suspicious Driving/etc LIC, DUI, VIO and violation of probation				
Plaintiff/Defendant/Claimant/Respondent Bernardino Lopez			**Lawsuit/Arbitration/Bankruptcy** N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

Bernardino Lopez was convicted on 08/28/1998 of spousal abuse and convicted again on 11/09/2001 for suspicious driving/etc LIC, DUI, VIO and for violation of probation.

He has served his sentences and paid his fines. The records of the above mentioned cases have been destroyed by the Superior Court of California

Bernardino Lopez
Original Signature (electronic, copies or stamps not accepted)

10/28/21
Date

Applicant's initials BL

I, Bernardino Lopez, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Bernardino Lopez

Print Name (First, Last)

Bernardino Lopez

Original Signature (electronic, copies or stamps not accepted)

10/28/21

Date

Applicant's initials BL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bernardino Lopez

Print Name (First, Last)

Bernardino Lopez — 10/28/21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Arapahoe

I, Bernardino Lopez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Bernadino Lopez — 10/28/21

Original Signature — **Date**

Subscribed and Sworn to before me this 28 day of Oct, 2021.

Darlene K Hall

Notary Public Signature

DARLENE K. HALL
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20044002097
MY COMMISSION EXPIRES 01/27/2024

DARLENE K. HALL
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20044002097
MY COMMISSION EXPIRES 01/27/2024

(Seal)

Applicant's initials _____

Superior Court of the State of California

Stephanie Cameron
Court Executive Officer/Jury Commissioner

COUNTY OF TULARE

Nocona Soboleski
Assistant Court Executive Officer

CRIMINAL AND TRAFFIC DIVISION
221 S. Mooney Blvd., Room 124
Visalia, California 93291
Telephone: (559) 730-5000 ~ Facsimile: (559) 730-2521

CERTIFICATE OF SEARCH

August 18, 2021

I certify that I have searched the indices for the Superior Court of California, County of Tulare as follows:

Name: **Bernardino Lopez**
Date of Birth: [redacted]
Aliases:

Date of search: **08/18/2021**

Result of search:

☐ ***NO CASES WERE FOUND*** with the information provided.
☐ The following entries were found in the indices: ☐ See attached cases.

Case Number	Date Filed	Charges
DCT107149		Case Destroyed
DCM062044		Case Destroyed
DCT055491		Case Destroyed
		No Criminal record found in Tulare County Superior Court.

☒ The above cases cannot be located and may have been destroyed.
☒ Pursuant to Government Code 68152 the case(s) has/have been destroyed.

I certify that the foregoing is true and correct and that this declaration is executed on **08/18/2021**.

By, _____ Deputy Clerk

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

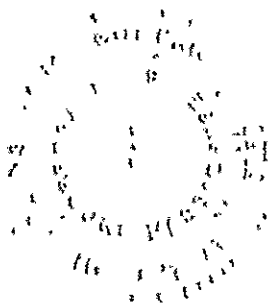
Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
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Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02384	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 3850 Twin Creeks Drive

City: Columbus State: OH Zip: 43204

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-553-4040 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Jammie Pierce

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: jammie.pierce@covetrus.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☑ Veterinary Legend Pharmaceuticals
☑ Others: Distribution customers contracted through EpiQ Animal Health	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	☑	☐
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	☐	☑
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check# 869111

Covetrus North America (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

This facility has not been disciplined. However other facilities under common ownership have been disciplined by states and federal jurisdictions.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

Facility	Docket No.	State	Date of Final Dispositio n	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Covetrus North America

3850 Twin Creeks Dr

Columbus, OH 43204-5000

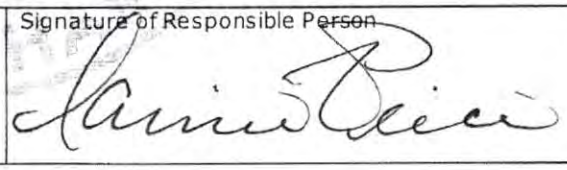
License Number: 012655400

Third-Party Logistics - Category 2

Expiration Date: June 30, 2023

CLASS: Third-Party Logistics - Category 2
BUSINESS TYPE: 3PL – Third-Party Logistics

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JAMMIE PIERCE Jammie Pierce	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	04/15/19
Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

✓ verified M.H 12/10/21

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Contact

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 3850 Twin Creeks Dr

City Columbus State OH Zip 43204

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone (855) 724-3461 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Jammie Middle _____ Last Pierce

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☑ F ☐ X

Mailing Address [redacted] Twin Creeks Dr

City Columbus State OH Zip 43204

Telephone [redacted] Email jammie.pierce@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☑

Applicant's Initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: West Highschool			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any: Highschool diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Binns Blvd	Columbus	OH	43204
	[redacted] Tiburon Way	Lexington	KY	40511
	[redacted] N. Brinker Ave.	Columbus	OH	43204

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			04/2001 - Present	
Business Address		**City**	**State**	**Zip**
3850 Twin Creeks Dr		Columbus	OH	43204
Phone	**Title**		**Number of Employed Hours**	
614-553-4040	Outbound Manager		Approximate 43,680	
Description of Duties	Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America			04/2001 - Present
Business Address	**City**	**State**	**Zip**
3850 Twin Creeks Dr	Columbus	OH	43204
Phone	**Title**	**Number of Employed Hours**	
614-553-4040	Outbound Manager		
Description of Duties	Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Applicant's initials _____

I, Jammie Pierce, **certify that as the designated representative for** Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jammie Pierce

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-9-21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jammie Pierce

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-9-21

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Jammie Pierce, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/9/2021

Date

Subscribed and Sworn to before me this 9 day of 2021.

Notary Public Signature

NOTARIAL SEAL STATE OF OHIO

KRISTINA L HINZ
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
12-03-2025

(Seal)

Applicant's initials

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of BUTLER ANIMAL HEALTH SUPPLY, LLC DBA COVETRUS NORTH AMERICA
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

State	License Type	License No.	Address	City	ST	Zip code
Nevada	Wholesaler	WH02902	13250 East Smith Rd., Unit E	Aurora	CO	80011
Nevada	Wholesaler	WH00539	3820 Twin Creeks Drive	Columbus	OH	43204
Nevada	Wholesaler	WH02384	3850 Twin Creeks Drive	Columbus	OH	43204
Nevada	Wholesaler	WH01834	14800 FAA Blvd, #100	Ft. Worth	TX	76155
Nevada	Wholesaler	WH02092	920 Citation Blvd	Lexington	KY	40511
Nevada	Wholesaler	WH02901	1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
Nevada	Wholesaler	WH01380	19905 SW 95th Ave	Tualatin	OR	97062
Nevada	Wholesaler	WH01105	7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

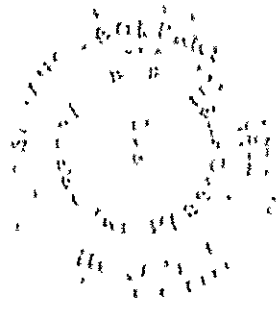
Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: Philip Lombard

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Sandra Diaz
Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairmen, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		$39,029,092,737
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

Members		
Worker	**Position**	**Location**
Alisha Haddox	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Bradley Eickemeyer	Materials Management 2	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Cassidy Stanley	Business Intelligence Analyst 2	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Chelsey Schwalbauch	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Christopher Larson	Business Analyst Operations	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Christopher Serrano	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Chris Woods	Shipping/Receiving/Stores Management 1 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Derik Lawson	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Dicksie Haynie	DC Team Member - Outbound	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Dustin Maddolin	Shipping/Receiving/Stores Management 1 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Eric Ferree	Shipping/Receiving/Stores Management 2	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Erin Lombardi	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Jacob Nally	DC Team Member (Seasonal)	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Jammie Pierce	Shipping/Receiving/Stores Management 2	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Jordan Hardy	Material Handler 3 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Juan Perez-Torres	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Kevin Ulrich	Shipping/Receiving/Stores Management 4	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Margaret Rosen	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Maximus Lawson	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
MEGHAN HIGGINS	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Nicholas Lawson	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Regina Woodward	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Robert Brooks	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Robert Woods	Reciever	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Roxanna Folden	Receiving	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Shaun Armentrout	Material Handler 3 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Shelby Waddle	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Teddy Stegner	DC Team Member - Outbound	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Terra Sutton	Receiver	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Thomas Tuller	DC Team Member - Outbound	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Timothy McCoy	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3850 Twin Creeks Dr.
Todd Patton	Shipping/Receiving/Stores Management 2	Columbus, Ohio (US) - 3850 Twin Creeks Dr.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June , 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June , 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania on the day and year first above written

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

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ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seals of said Companies this 31st day of January , 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

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Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

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*Bonds — U.S Government	2,209,760,437
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LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only) * If making a change, provide current license number: WH 00539	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 3820 Twin Creeks Drive

City: Columbus, State: OH Zip: 43204

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-272-0406 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Jonathan Groseth

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: Jonathan.Groseth@covetrus.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/21/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 869110

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Covetrus North America, LLC

3820 TWIN CREEKS DRIVE
COLUMBUS, OH 43204

License Number: 011528550
Wholesaler - Category 3

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 3
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Jonathan Groseth	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0395219	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-24-2021

COVETRUS NORTH AMERICA, LLC
3820 TWIN CREEKS DR
COLUMBUS, OH 432045000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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Form DEA-223 (9/2016)

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

e-Profile Login

NABP National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search **Reset**

Current list of 2 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	Reaccreditation in process
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	04/15/19

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Contact

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	02/06/19
Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	Reaccreditation in process

1 2 Next >>

verified MH 12/10/21

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Contact

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 3820 Twin Creeks Drive

City Columbus State OH Zip 43204

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone (855) 724-3461 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Jonathan Middle _____ Last Groseth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Metro Place North Suite [redacted]

City Dublin State OH Zip 43017

Telephone [redacted] Email Jonathan.groseth@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Applicant's initials JBG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hilliard Davidson High School		2004-2008	
Address	**City**	**State**	**Zip**
5100 Davidson Rd	Hilliard	OH	43026
Diploma/Degree obtained, if any			
Highschool Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Ohio State University		2008-2014	
Address	**City**	**State**	**Zip**
190 N Oval Mall	Columbus	OH	43210
Diploma/Degree obtained, if any			
Bachelor of Arts			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2021-Present	[redacted] Greenhaven Ave	Galloway,	OH	43119
2019-2020	[redacted] Warwick Dr, Apt 206	Westerville	OH	43082
2018-2019	[redacted] W Main St, Apt 4	Westerville	OH	43081
2014-2018	[redacted] Royal County Down	Westerville	OH	43082
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC				From - To (MM/YY – MM/YY): 08/2019 - Present
Business Address: 3820 Twin Creeks Drive		City: Columbus	State: OH	Zip: 43204
Phone: 614-272-0406	Title: Kaizen Leader			Number of Employed Hours: Approximately 6,000
Description of Duties: Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned.				

Business Name: Covetrus North America, LLC				From - To (MM/YY – MM/YY): 05/2019 - Present
Business Address: 3820 Twin Creeks Drive		City: Columbus	State: OH	Zip: 43204
Phone: 614-272-0406	Title: Inventory Manager			Number of Employed Hours: Approximately 6,120
Description of Duties: Monitor and maintain inventory accuracy, manage team of business analysts supporting operations, manage service levels on partnered suppliers.				

Business Name: Henry Schein, LLC				From - To (MM/YY – MM/YY): 12/2017 - 05/2019
Business Address: 3820 Twin Creeks Drive		City: Columbus	State: OH	Zip: 43204
Phone: 614-272-0406	Title: Operations Manager Trainee			Number of Employed Hours: Approximately 4,160
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 08/2019 - Present	
Business Address: 3820 Twin Creeks Drive	City: Columbus		State: OH	Zip: 43204
Phone: 614-272-0406	Title: Kaizen Leader		Number of Employed Hours:	
Description of Duties: Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned.				

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 05/2019 - Present	
Business Address: 3820 Twin Creeks Drive	City: Columbus		State: OH	Zip: 43204
Phone: 614-272-0406	Title: Inventory Manager		Number of Employed Hours:	
Description of Duties: Monitor and maintain inventory accuracy, manage team of business analysts supporting operations, manage service levels on partnered suppliers.				

Business Name: Henry Schein, LLC			From - To (MM/YY – MM/YY): 12/2017 - 05/2019	
Business Address: 3820 Twin Creeks Drive	City: Columbus		State: OH	Zip: 43204
Phone: 614-272-0406	Title: Operations Manager Trainee		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

I, Jonathan Groseth, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jonathan Groseth

Jonathan Groseth

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/9/21

Date

Applicant's initials JBG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Groseth

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/9/21

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Jonathan Groseth, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/9/21

Date

Subscribed and Sworn to before me this 9th day of December 2021

Notary Public Signature

NOTARIAL SEAL STATE OF OHIO (Seal)

KRISTINA L HINZ
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
12-03-2025

Applicant's initials JBG

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd. #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave. Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd, Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June , 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June , 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January , 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

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Other Admitted Assets	12,079,597,645
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LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

Columbus Employee List

Members		
Worker	**Position**	**Location**
Alex Huston	DC Team Member-Outbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Brandon Staley	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Brian Fink	CS Specialist	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Cheryl Strang	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Cory Karshner	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
DANIEL HOOP	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
David Picard	DC Team Member - Outbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Flemon Murray	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Ian Huhn	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
IDIR HADJ-ALI	DC Team Member-Outbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Jason Penix	DC Team Lead - Inbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Jessica Lloyd	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Jewel Ziegler [C]	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Jonathan Groseth	Shipping/Receiving/Stores Management 4	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Josh Dooley	Inventory Manager	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Kaitlyn Hill	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Lori Weddle	Material Handler 3 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Malikque' Simpson-Johnson	Distribution Pharmacy Technician	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Mary Redd	DC Team Member-Outbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Michael Pyle	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Neil Strebler	Operations Manager Inbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Sarah Major	DC Team Member (Part-Time)	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Tarik Ghazli	Material Handler 2 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Tessa Hamilton	DC Team Member-Outbound	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Timothy Teter	Material Handler 3 - Hourly	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Traci Daniels	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.
Zach Shaver	DC Team Member	Columbus, Ohio (US) - 3820 Twin Creeks Dr.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01834	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 14800 FAA BLVD #100

City: Ft. Worth State: TX Zip: 76155

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 817-864-4000 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Jeffrey Baurys

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: jeff.baurys@covetrus.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check #869107 Processed

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

October 11, 2021

Quarles & Brady LLP
Attn: Dani Prorok
One Renaissance Square
Two North Central Ave.
Phoenix, AZ 85004-2391

CFN: 2099378
Lic.: 1003269
Type: 2501
File: 6427

Re: License Verification

Dear Ms. Prorok:

This letter shall serve as a verification of licensure for the following firm:

Covetrus North America, LLC
14800 FAA Blvd., Suite 100
Fort Worth, TX 76155

License No.	1003269
Type of license:	Prescription Drug Distributor
Status of license:	Current
Date license issued:	10-08-2021
Date license expires:	07-18-2023
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me or Mr. Justin Arnold at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Karen Tannert
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

October 11, 2021

Quarles & Brady LLP
Attn: Dani Prorok
One Renaissance Square
Two North Central Ave.
Phoenix, AZ 85004-2391

CFN: 2099378
Lic.: 1002908
Type: 2503
File: 8086

Re: License Verification

Dear Ms. Prorok:

This letter shall serve as a verification of licensure for the following firm:

Covetrus North America, LLC
14800 FAA Blvd., Suite 100
Fort Worth, TX 76155

License No.	1002908
Type of license:	Device Distributor
Status of license:	Current
Date license issued:	10-08-2021
Date license expires:	07-18-2023
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me or Mr. Justin Arnold at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Karen Tannert
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0393912	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-23-2021

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD, SUITE 100
FORT WORTH, TX 761552247

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
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Form DEA-223 (9/2016)

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

Members		
Worker	**Position**	**Location**
Alanna Eadie	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Alicia Chambers	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Angela DeLeon	Pharmacy Technician 4	Fort Worth, Texas (US) - Suite 100
Angelia Jimerson	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Aundrina Gunter	Shipping/Receiving/Stores Management 1 - Hourly	Fort Worth, Texas (US) - Suite 100
Austin Carr	DC Team Member	Fort Worth, Texas (US) - Suite 100
Benjamin Marquez	Material Handler 3 - Hourly	Fort Worth, Texas (US) - Suite 100
Betty Solache	Shipping/Receiving/Stores Management 1 - Hourly	Fort Worth, Texas (US) - Suite 100
Brandon Long	DC Team Member	Fort Worth, Texas (US) - Suite 100
Caleb Jimenez	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Chadaya Jeffery	DC Team Member	Fort Worth, Texas (US) - Suite 100
Cheri Miller	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Crystal Ortiz	DC Team Member	Fort Worth, Texas (US) - Suite 100
Daniel Espinoza	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Daniel Fritz	Shipping/Receiving/Stores Management 2	Fort Worth, Texas (US) - Suite 100
Destiny Bates [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Edgar Rodriguez [C]	DC Associate	Fort Worth, Texas (US) - Suite 100
Edwin Sanchez	Professional Individual Contributor - All Non Tech & Technical - Roll-Up - 1	Fort Worth, Texas (US) - Suite 100
Ernesto Pacheco Rodriguez	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Eva Arroyo [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Gabe Vasquez	Shipping/Receiving/Stores Management 1 - Hourly	Fort Worth, Texas (US) - Suite 100
Glen Morse	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Guy Hale [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Hendrick Davis	Material Handler 3 - Hourly	Fort Worth, Texas (US) - Suite 100
Jacqueline Perez Ocampo	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
JD De La Serna [C]	DCTM - Contractor	Fort Worth, Texas (US) - Suite 100
Jeff Baurys	Shipping/Receiving/Stores Management 4	Fort Worth, Texas (US) - Suite 100
Johnnie Macon (On Leave)	Material Handler 2 - Hourly (On Leave)	Fort Worth, Texas (US) - Suite 100
John Sweeney	Materials Management 2	Fort Worth, Texas (US) - Suite 100
Josefa Toledo	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Jose Zamora	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Karie Knuppe	DC Team Member	Fort Worth, Texas (US) - Suite 100
Landy Rodriguez Silvestre	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Lawrence Mitchell	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Magali Chaves	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Magdalena Cruz	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Maria Rodriguez	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Maria Silva	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Mary Yanis	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Monica Cazares	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Nora Harrison	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Patricia Walker	DC Team Member	Fort Worth, Texas (US) - Suite 100
Pedro Rodriguez	Warehouse Associate/Receiver	Fort Worth, Texas (US) - Suite 100
Reginald Little	Material Handler 3 - Hourly	Fort Worth, Texas (US) - Suite 100
Ricardo Duran Arrieta	Material Handler 3 - Hourly	Fort Worth, Texas (US) - Suite 100
Richard McDonald	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Romona Rodriquez [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Shirah Swopes	DC Team Member	Fort Worth, Texas (US) - Suite 100
Stephanie Salas [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Tatiana Pisoni	DC Team Lead	Fort Worth, Texas (US) - Suite 100
Teague Atherton [C]	DC Team Member	Fort Worth, Texas (US) - Suite 100
Teresa Smith	Shipping/Receiving/Stores Management 2	Fort Worth, Texas (US) - Suite 100
Tommy Elliott	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Veronica Carranza	Material Handler 3 - Hourly	Fort Worth, Texas (US) - Suite 100
Victor Hasenauer	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Yolanda Lemus	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100
Zakirah Battles	Material Handler 2 - Hourly	Fort Worth, Texas (US) - Suite 100

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	02/06/19
Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	Reaccreditation in process

1 2 Next >>

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Contact

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Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 14800 FAA BLVD #100

City Ft. Worth State TX Zip 76155

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone 817-864-4000 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Jeffrey Middle _____ Last Baurys

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] FAA BLVD #100

City Ft. Worth State TX Zip 76155

Telephone 817-864-4000 x 3842 Email jeff.baurys@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☑

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South San Antonio High School		09-1977 - 05-1981	
Address	**City**	**State**	**Zip**
2515 Navajo Street	San Antonia	TX	78224
Diploma/Degree obtained, if any			
High school Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1994 - Present	[redacted] Hanover St	Grand Prairie	TX	75052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			12/2015 - Present	
Business Address		**City**	**State**	**Zip**
14800 FAA Blvd. Ste. 100		Fort Worth	TX	76115
Phone	**Title**		**Number of Employed Hours**	
(817) 864-4000	DC Manager		Approximately 12,480	
Description of Duties				
Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 12/2015 - Present
Business Address: 14800 FAA Blvd. Ste. 100	City: Fort Worth	State: TX	Zip: 76115
Phone: (817) 864-4000	Title: DC Manager		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/24/2021
Date

Applicant's initials

I, Jeffrey Baurys, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jeffrey Baurys

Jeffrey Baurys

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/24/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Baurys

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/24/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Jeffrey Baurys, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/24/2021

Date

Subscribed and Sworn to before me this 24 day of November.

Notary Public Signature

ADAM BROUGHTON
Notary ID #128913069
My Commission Expires
September 30, 2024

(Seal)

Applicant's initials _____

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: Philip Lombard

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Sandra Diaz

Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June , 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June , 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January , 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
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Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
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Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1262LMIC/a 3/21

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02092	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 920 Citation Blvd

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 859-381-1073 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Sam Vixaysack

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: sam.vixaysack@covetrus.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 869108

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number W04611

COVETRUS NORTH AMERICA LLC

920 CITATION BLVD
LEXINGTON, KY 40511

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	9/30/2022
Effective Date	10/1/2021
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204333715

Date: 10-05-21

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

Employee List	*Lexington, KY*
Worker	**Position**
Adam Tappan	Materials Management 2
Andrew Gibbs	Shipping/Receiving/Stores Management 2
Billie Potter	Material Handler 2 - Hourly
Charles White	Material Handler 3 - Hourly
Christine Radcliff	DC Team Member
Christopher Jewell	Receiver
Curt Davis	Outbound Operations Manager
David Tyler	DC Team Member - Outbound
Dayonna Stephens	DC Team Member - Outbound
Demetrick Samuels	Material Handler 2 - Hourly
Derek Stone	Material Handler 2 - Hourly
Jalen Ransom	DC Team Member - Seasonal
Jamal Gates [C]	DC Team Member
Jason Vires	Material Handler 2 - Hourly
Jermaine Ransom	DC Team Member - Lexington
Jerry Jones	Material Handler 2 - Hourly
Joel Eaton	DC Team Lead - Outbound
Julie Fitzpatrick	Material Handler 2 - Hourly
Justina Pruner	DC Team Member - Outbound
Kim Shanks	Material Handler 2 - Hourly
Marcus James	DC Team Member
Michael Childrey	DC Team Member
Michael Denniston	Receiver
Miranda Turley	DC Team Member (Seasonal)
Nathan Simpson	DC Team Member - Outbound
Sam Vixaysack	Shipping/Receiving/Stores Management 4
Shane Bailey	DC Team Lead - Outbound
Tiffany Stone	DC Team Member - Outbound
William Linton	Material Handler 2 - Hourly

NABP
National Association of Boards of Pharmacy

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	Reaccreditation in process

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	04/15/19 exp
Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

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Contact

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Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

This facility has not been disciplined. However other facilities under common ownership have been disciplined by states and federal jurisdictions.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 920 Citation Blvd

City Lexington, State KY Zip 40511

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone 859-381-1073 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Sam Middle _____ Last Vixaysack

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Citation Blvd

City Lexington, State KY Zip 40511

Telephone 859-381-1073 Email sam.vixaysack@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☒

Applicant's initials SV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Phoenix			2012- 2014	
Address		City	State	Zip
4025 S. Riverpoint Parkway		Phoenix	AZ	85040
Diploma/Degree obtained, if any				
Master of Science				
School Name			From - To (MM/YY – MM/YY)	
University of Phoenix			2008- 2010	
Address		City	State	Zip
4025 S. Riverpoint Parkway		Phoenix	AZ	85040
Diploma/Degree obtained, if any				
Bachelor of Science				
School Name			From - To (MM/YY – MM/YY)	
Idaho State University			1997 - 1999	
Address		City	State	Zip
921 S. 8th Avenue		Pocatello	ID	83209
Diploma/Degree obtained, if any				
Associates Degree				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2017 - Present	[redacted] Golden Oak Dr	Lexington,	KY	40515
06/2006 - 3/2017	[redacted] West Volta Ave	West Valley	UT	84120

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 03/2017 to Present
Business Address: 920 Citation Blvd	City: Lexington,	State: KY	Zip: 40511
Phone: 859-381-1073	Title: Senior Distribution Manager		Number of Employed Hours: Approximately 8,320
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Sam Vixaysack, **certify that as the designated representative for**

Covetrus North America, LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sam Vixaysack

Sam Vixaysack

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/23/21

Date

Applicant's initials SV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sam Vixaysack

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

11/23/21

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/23/21

Date

Subscribed and Sworn to before me this 23 day of November 2021

Jasmine Williams

Notary Public Signature

Jasmine Jaqus Williams
Notary Public, ID KYNP22775
State at Large, Kentucky
My Commission Expires on Feb. 8, 2025

(Seal)

Applicant's initials _____

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

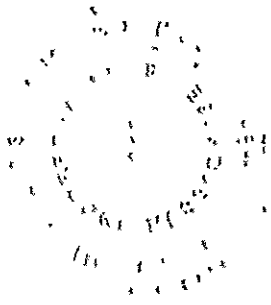
Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205736-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnec; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

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Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd, Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spales

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

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Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

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I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02901	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 1085 E. Stateline Rd. Suite 103

City: Southaven State: MS Zip: 38671

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 901-548-9000 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Eric Bike

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: Eric.Bike@covetrus.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 check # 869106

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays.

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

Board of Pharmacy

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Covetrus North America, LLC
Profession Name:	Temp Drug Distr.
Licensee Number:	2021040505
Expiration Date:	10/3/2022
Original Issue Date:	10/4/2021
Address:	Eric Bike, MIC
Address Con't:	1085 E Stateline Rd, Ste 103
City, State Zip:	Southaven, MS 38671
County:	Unknown/Out of State
Practitioner DBA Name:	Covetrus North America, LLC
Classification:	Out of State Wholesale

Current Discipline Status:	None

Board of Pharmacy (https://pr.mo.gov/pharmacists)
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573.751.0091 Telephone

573.526.3464 Fax
800.735.2966 TTY
800.735.2466 Voice Relay
MissouriBOP@pr.mo.gov (mailto:MissouriBOP@pr.mo.gov)
https://pr.mo.gov/pharmacists (https://pr.mo.gov/pharmacists)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

Employee List	*Southaven, MS*
Worker	**Position**
Asten Chambers	DC Team Member - Inbound (Part-Time)
Brittney Lacy	DC Team Member - Outbound (Part-Time)
Candy Poole	DC Team Member
Carie Burgess	Inventory Manager
Eric Bike	Distribution Center Manager
Freda Graham	DC Team Member
Kim Davis	Outbound Operations Manager
Marco Lozano	Material Handler 2 - Hourly
Mario Crump	DC Team Member
Mark Blake	Shipping/Receiving/Stores Management 2
Martanika Sanders	DC Team Member - Outbound
MICHAEL Wilson	DC Team Member - Outbound
Michelle Clem	Material Handler 2 - Hourly
Nikko Everroad	Shipping/Receiving/Stores Management 1 - Hourly
Patrice Cross	Material Handler 2 - Hourly
Robinson Fallorina	DC Team Member
Shanecka Broyles	DC Team Member - Inbound (Part-Time)
Shaquilla Blackmon	DC Team Member - Outbound
Susan Samples	DC Team Member - Outbound
Tarrell Farrell	Material Handler 2 - Hourly
Teresa Bettencourt	Material Handler 2 - Hourly
Tevante Nichols (On Leave)	DC Team Member (On Leave)
Tiffany Davis	DC Team Member - Outbound
Timothy Bennett	DC Team Member
Von Samples	DC Team Member
Willie Barrage [C]	DC Team Member

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	04/15/19
Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous 1 2

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Contact

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Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

This facility has not been disciplined. However other facilities under common ownership have been disciplined by states and federal jurisdictions.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 1085 E. Stateline Rd. Suite 103

City Southaven State MS Zip 38671

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone 901-548-9000 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Eric Middle _____ Last Bike

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN 413-99-7367 Sex ☑ M ☐ F ☐ X

Mailing Address 1085 E. Stateline Rd. Suite 103

City Southaven State MS Zip 38671

Telephone 901-548-9000 Email Eric.Bike@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☑

Applicant's initials EB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Memphis			-12/2012	
Address		City	State	Zip
101 Wilder Tower		Memphis	TN	38152
Diploma/Degree obtained, if any				
Masters of Business Administration				
School Name			From - To (MM/YY – MM/YY)	
University of Memphis			-12/2010	
Address		City	State	Zip
101 Wilder Tower		Memphis	TN	38152
Diploma/Degree obtained, if any				
Bachelors of Business Administration				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12-2017 to Present	[redacted] Ashdown Place CV	Southaven	MS	38672
01/2011 - 12/2017	[redacted] Moriah Trail Apt 104	Memphis	TN	38115

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			06/28/2021 - present
Business Address	**City**	**State**	**Zip**
1085 E. Stateline Rd., Suite 3	Southaven	MS	38671
Phone	**Title**	**Number of Employed Hours**	
901-548-9000	Manager	Approximately 1,360	
Description of Duties			
Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.			

Business Name			From - To (MM/YY – MM/YY)
Teleflex Inc.			2017 - 06/2021
Business Address	**City**	**State**	**Zip**
11245 N. Distribution Cove	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662-892-9100	Process Improvement Member & Operational Analyst	Approximately 8,560	
Description of Duties			
Assist Sr. Leadership with shipping processes, reporting and analysis on decision making processes, direct coordinate and monitor performance on assigned projects.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials EB

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☑	☐
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/26/2021	7/16/2021	MS	Hernando	DeSoto

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
T2021-00590	State of Mississippi

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Eric Bike	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

On March 26, 2021, Mr. Bike was arrested and charged with a DUI 1st offense. The court issued an order of non-adjudication on June 16, 2021.

Eric L Bike
Original Signature (electronic, copies or stamps not accepted)

Nov 23, 2021
Date

Applicant's initials EB

I, Eric Bike, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Eric Bike

Print Name (First, Last)

Eric L Bike

Original Signature (electronic, copies or stamps not accepted)

NOV 23, 2021

Date

Applicant's initials EB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eric Bike

Print Name (First, Last)

Eric L Bike — Original Signature (electronic, copies or stamps not accepted)

Nov 23, 2021 — Date

Please have this section completed in the presence of a Notary Public.

State of MS, ss. County of Desoto

I, Eric Bike, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Eric L Bike — **Original Signature**

Nov 23, 2021 — **Date**

Subscribed and Sworn to before me this 23rd day of 2021.

Robert S Walker

Notary Public Signature

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 292617 RICHARD S. WALKER (Seal) Commission Expires Aug. 31, 2025 DESOTO COUNTY

Applicant's initials _____

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd. #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave. Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By:: Philip Lombardi

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Sandra Diaz
Sandra Diaz, Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205736-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 07/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd, Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

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Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

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LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01380	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 19905 SW 95th Ave

City: Tualatin State: OR Zip: 97062

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 503-692-4935 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Rhine Lenhart

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: rhine.lenhart@covetrus.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: 500 check# 869109

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0394938	07-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	07-26-2021

BUTLER ANIMAL HEALTH SUPPLY, LLC
DBA COVETRUS NORTH AMERICA
19905 SW 95TH AVE., BLDG F
TUALATIN, OR 97062

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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DBA COVETRUS NORTH AMERICA
19905 SW 95TH AVE., BLDG F
TUALATIN, OR 97062

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

Employee List	*Tualatin, OR*
Worker	**Position**
Alexis Mateo [C]	Material Handler 2 - Hourly
David Lane	Receiver
Donovan Raschdorf	Shipping/Receiving/Stores Management 2
Enoch Olson	Shipping/Receiving/Stores Management 2
Gerardo Barragan	DC Team Member-Outbound
Grayson Tebo	Material Handler 2 - Hourly
Gregory Arnhart	Pharmacy Technician 3
Jennifer Vasquez [C]	Material Handler 2 - Hourly
Jordan Vick	DC Team Member - Outbound
Kerry Hall	Receiver
Maria Chavelas	DC Team Member - Outbound
Marilyn Gaskin	Inventory Manager
Matthew Stripling	Material Handler 2 - Hourly
Michael Galindo	DC Team Member-Outbound
Nathan Lee	DC Team Member -Outbound
Nicholas Castellano	Shipping/Receiving/Stores Management 1 - Hourly
Rhine Lenhart	Shipping/Receiving/Stores Management 4
Stacey Mendez [C]	Material Handler 2 - Hourly
Stacie Ward	DC Team Member - Outbound
Taylor Chambers	DC Team Member

Licensee Details

Demographic Information

Name: COVETRUS NORTH AMERICA LLC

Address Information

Line 1: 19905 SW 95TH AVE
Line 2:
Line 3:
Line 4: TUALATIN OR 97062

License Information

Type: Wholesaler with Prescription
Lic #: W1-0004035
Status: Active
Issued: 6/14/2013
Expiration Date: 9/30/2022
Last Renewed: 8/18/2021

Small Business?	N	N	

Prerequisite Information

Relationship/Name		Dates	License Details
Self Automatic	COVETRUS NORTH AMERICA LLC	**Since:**	Controlled Substance W1-0004035-CS **Status:** Active

Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

Verified
MS
2/25/22

Licensee Details

Demographic Information

Name: COVETRUS NORTH AMERICA LLC

Address Information

Line 1: 19905 SW 95TH AVE
Line 2:
Line 3:
Line 4: Tualatin OR 97062

License Information

Type: Controlled Substance
Lic #: M-0002499-CS
Status: Active
Issued: 6/14/2013
Expiration Date: 9/30/2022
Last Renewed: 9/1/2021
Small Business?

Prerequisite Information

Relationship/Name		Dates	License Details
Self Automatic	COVETRUS NORTH AMERICA LLC	**Since:**	Manufacturer M-0002499 **Status:** Active

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

949

NABP ACCREDITED
DRUG DISTRIBUTOR

Butler Animal Health Supply, LLC
dba Covetrus North America

located at

19905 SW 95th Ave, Tualatin, OR 97062

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

8/15/2020 - 8/14/2023
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 19905 SW 95th Ave

City Tualatin State OR Zip 97062

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone 503-692-4935 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Rhine Middle _____ Last Lenhart

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SW 95th Ave

City Tualatin State OR Zip 97062

Telephone 503-692-4935 Email rhine.lenhart@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☑	☐
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☑	☐

Applicant's initials RL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillcrest High School			
Address	**City**	**State**	**Zip**
7350 S 900 E	Midvale	UT	84047
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Valley High School			
Address	**City**	**State**	**Zip**
325 W 11000 S	South Jordan	UT	84095
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2019 - Present	[redacted] SW Inkster Dr	Sherwood	OR	97140
12/2019 - 5/2019	[redacted] E. 99th Ave	Commerce City	CO	80022
06/2019-12/2019	[redacted] Jasper Street Unit 136	Commerce City	CO	80022
3/2011 12/2019	[redacted] Sapporo Circle	Taylorsville	UT	84129

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			06/2021 - Present	
Business Address		**City**	**State**	**Zip**
19905 SW 95th Ave		Tualatin	OR	97062
Phone	**Title**		**Number of Employed Hours**	
503-692-4935	Distribution Center Manager		Approximately 1,680	

Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			05/2019 - 06/2021	
Business Address		**City**	**State**	**Zip**
13250 E. Smith Rd. Unit E		Aurora	CO	80011
Phone	**Title**		**Number of Employed Hours**	
303-344-9200	Distribution Center Manager		Approximately 4,320	

Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.

Business Name			From - To (MM/YY – MM/YY)	
Butler Schein Animal Health			04/1993 - 11/2013	
Business Address		**City**	**State**	**Zip**
850 S. 3600 W		Salt Lake City	UT	84094
Phone	**Title**		**Number of Employed Hours**	
801-595-1243	Assistant Branch Manager		Approximately 41,600	

Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties:

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			06/2021 - Present	
Business Address		**City**	**State**	**Zip**
19905 SW 95th Ave		Tualatin	OR	97062
Phone	**Title**		**Number of Employed Hours**	
503-692-4935	Distribution Center Manager		05/2019-06/2021	
Description of Duties				

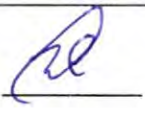
Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			05/2019 - 06/2021	
Business Address		**City**	**State**	**Zip**
13250 E. Smith Rd. Unit E		Aurora	CO	80011
Phone	**Title**		**Number of Employed Hours**	
303-344-9200	Distribution Center Manager		05/2019 - 06/2021	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Butler Schein Animal Health			04/1993 - 11/2013	
Business Address		**City**	**State**	**Zip**
850 S. 3600 W		Salt Lake City	UT	84094
Phone	**Title**		**Number of Employed Hours**	
801-595-1243	Assistant Branch Manager		04/1993 - 11/2013	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

I, Rhine Lenhart, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Rhine Lenhart

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.27.2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rhine Lenhart

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.27.2021

Date

Please have this section completed in the presence of a Notary Public.

State of Oregon, ss. County of Washington

I, Rhine Lenhart, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10.27.2021

Date

Subscribed and Sworn to before me this 27th day of October, 2021.

Lariesa Loyce Lee

Notary Public Signature

(Seal)

OFFICIAL STAMP
LARIESA LOYCE LEE
NOTARY PUBLIC - OREGON
COMMISSION NO. 1011350
MY COMMISSION EXPIRES APRIL 20, 2025

Applicant's initials _____

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

*. Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June , 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June , 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January , 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

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Liberty Mutual. SURETY

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LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	02/06/19
Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	Reaccreditation in process

1 2 Next >>

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Contact

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4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☑ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01105	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 7940 W. Doe Avenue Suite 400

City: Visalia State: CA Zip: 93291

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 559-651-2941 Website: www.covetrusnorthamerica.com

Name of Designated Representative (DR): Jason Lopez

Licensing Company Email: heidi.rudolph@covetrus.com DR Email: jason.lopez@covetrus.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers Veterinarians, Veterinary schools, Humane societies,	☑ Veterinary Legend Pharmaceuticals
☑ Others: Zoos, Military bases, Research institutions	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): W.A Butler Company

Corporation Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: (855) 724-3461 Email: heidi.rudolph@covetrus.com

Contact Person Name: Heidi Rudolph

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

10/27/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 869105

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204333715

Date: 10-05-21

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7953

NAME: COVETRUS NORTH AMERICA

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

7940 WEST DOE AVE STE 300 & 400
VISALIA CA 93291
TULARE COUNTY

ISSUANCE DATE

OCTOBER 12, 2021

EXPIRATION DATE

FEBRUARY 15, 2022

CURRENT DATE / TIME

NOVEMBER 1, 2021
3:28:41 PM

LICENSE RELATIONSHIPS

NAME: LOPEZ, JASON C

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 23465 **PRIMARY STATUS:** CLEAR

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0398001	07-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-02-2021

BUTLER ANIMAL HEALTH SUPPLY LLC
DBA COVETRUS NORTH AMERICA
7940 W DOE AVE STE 300 & 400
VISALIA, CA 932919720

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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Form DEA-223 (9/2016)

covetrus

Officer List

Name and Title
Victor Forte IV, President
Philip Lombardi, Vice President of Operations and Logistics Services
Lee Wise, CFO and Treasurer
Ann Randall, Secretary

This Facility is 100% owned by Covetrus North America, LLC.

The Sole Member of Covetrus North America, LLC is W.A. Butler Company

Employee List	*Visalia, CA*
Worker	**Position**
Adolfo Mendoza [C]	DC Team Member
Alejandro Bueno	DC Team Member
Alex Selby	DC Team Member
Alonzo Jimenez [C]	DC Team Member
Antonia Sandoval	Material Handler 2 - Hourly
Austin Chambers-Armstrong	Material Handler 2 - Hourly
Brenton French	DC Team Member
Ceasar Avila	Material Handler 2 - Hourly
Chapi See	DC Team Member
Charles Holden	Material Handler 3 - Hourly
Connie Sanchez	DC Team Member
Daniel Avalos	DC Team Member
Edward Garcia	Material Handler 2 - Hourly
Emma Cardenes Gutierrez	DC Team Member
George Saesee	Material Handler 2 - Hourly
Gustavo Delgadillo	Material Handler 3 - Hourly
Issac Sierra	Outbound Operations Manager
Jason Lopez	Shipping/Receiving/Stores Management 2
Jeremy See	DC Team Member-Outbound
Jim See	DC Team Member-Outbound
Joanna Lopez Ramos	DC Team Member Outbound
John Pham	Material Handler 3 - Hourly
Lai Saechao	Controlled Substances Specialist
LAI SAECHAO	Material Handler 2 - Hourly
Mario Delanda	Shipping/Receiving/Stores Management 4
Mercedes Rosales	Material Handler 2 - Hourly
Miguel Hernandez [C]	DC Team Member
Oscar Flores	Receiver
Pablo Rodriguez [C]	DC Team Member
Ricardo Velarde	DC Team Member
Robert Gallegos	DC Team Member
Rogelio Munoz	Material Handler 2 - Hourly
Ruben Garcia	Material Handler 2 - Hourly
Ruben Nungaray	DC Team Lead - Inbound
Yien Sae Lee	DC Team Member
Yvonne Medrano	Shipping/Receiving/Stores Management 2

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	02/06/19
Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	Reaccreditation in process

1 2 Next >>

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Contact

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Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.

Facility	Docket No.	State	Date of Final Dispositio n	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action

• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action
• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.

• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

Covetrus North America (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

This facility has not been disciplined. However other facilities under common ownership have been disciplined by states and federal jurisdictions.

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities** Reciprocal Actions Indicated in Red

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 7940 W. Doe Avenue Suite 400

City Visalia State CA Zip 93291

Mailing Address (if different from physical address) 400 Metro Place North Suite 100

City Dublin State OH Zip 43017

Telephone 559-651-2941 Website www.covetrusnorthamerica.com

Licensing Company Email heidi.rudolph@covetrus.com

Section 2: Personal Information

First Jason Middle _____ Last Lopez

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 7940 W. Doe Avenue Suite 400

City Visalia State CA Zip 93291

Telephone 559-651-2941 Email jason.lopez@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	N/A

Applicant's initials JL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Lovell High School				
Address		**City**	**State**	**Zip**
12724 Avenue 392		Cutler	CA	93615
Diploma/Degree obtained, if any				
High school diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Antonia Ave	Cutler	CA	93615
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			02/2019 - Present	
Business Address		City	State	Zip
7940 W. Doe Avenue Suite 400		Visalia	CA	93291
Phone	Title		Number of Employed Hours	
559-651-2941	Inbound Operations Manager		Approximately 6,240	
Description of Duties				
Manages all inbound operations of the Visalia Distribution Center. Receiving, storing, and handling returned/damaged goods, including controlled substance and administrative tasks.				

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America			01/2016 - 02/2019	
Business Address		City	State	Zip
7940 W. Doe Avenue Suite 400		Visalia	CA	93291
Phone	Title		Number of Employed Hours	
559-651-2941	Inbound Operations Supervisor		Approximately 6,240	
Description of Duties				
Manages all inbound operations of the Visalia Distribution Center. Receiving, storing, and handling returned/damaged goods, including controlled substance and administrative tasks.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials JL

I, Jason Lopez, **certify that as the designated representative for**

Covetrus North America, LLC

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jason Lopez

JASON LOPEZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/8/2021

Date

Applicant's initials JL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Lopez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/8/2021

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of TULARE

I, JASON LOPEZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/8/2021

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

Please attached CA Compliant form

(Seal)

Applicant's initials JL

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of TULARE

Subscribed and sworn to (or affirmed) before me on this 8th day of December,

20 21 by JASON G. LOPEZ,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Jan Kohake
Signature (Seal)

JAN KOHAKE
COMM. #2355355
Notary Public - California
Tulare County
My Comm. Expires Apr. 22, 2025

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Nevada State Board, Designated Rep. App.

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages ____ Document Date____

Additional information

JK

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd. #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

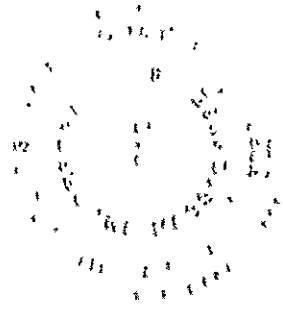
Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12673 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd, Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
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Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
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Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
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Capital Stock	10,000,075	
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Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Integrated Commercialization Solutions, LLC

Physical Address: 167 International Blvd. STE A

City: Brooks State: KY Zip: 40109

Mailing Address (if different from physical address): 1 West First Ave

City: Conshohocken State: PA Zip: 19428

Telephone: 502-955-3600 Website: www.icsconnect.com

Name of Designated Representative (DR): Kevin Stillwell

Licensing Company Email: licenserenewals@absg.com DR Email: kevin.stillwell@absg.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Military, Long-Term Care, Repackagers	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: CA

Parent Company (if any): ASD Specialty Healthcare, LLC

Corporation Name: Integrated Commercialization Solutions, LLC

Mailing Address: 1 West First Ave

City: Conshohocken State: PA Zip: 19428

Telephone: (469) 365-7000 Email: licenserenewals@absg.com

Contact Person Name: John G. Chou

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	x	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Chou

Print Name of Authorized Person Submitting Application

John A. Chou

Original signature of Authorized Person (copies or stamps not accepted)

08/15/2021

Date

Board Use Only	Date Received: _____	Amount: 500	Check #14232	✓ Processed 1/26/22

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 08/19/2020

NUMBER: W04434

EXPIRATION DATE: 09/30/2022

Issued to:

INTEGRATED COMMERCIALIZATION SOLUTIONS LLC

167 INTERNATIONAL BLVD
STE A
BROOKS, KY 40109

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

ATTN: LEGAL DEPT - LICENSING
1 WEST FIRST AVE
CONCHOHOCKEN, PA 19428

licenserenewals@absg.com

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number W04434

INTEGRATED COMMERCIALIZATION SOLUTIONS LLC

167 INTERNATIONAL BLVD
STE A
BROOKS, KY 40109

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	9/30/2022
Effective Date	8/19/2020
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

NABP ACCREDITED
DRUG DISTRIBUTOR

Integrated Commercializations Solutions, LLC

located at

167 International Blvd, Suite A, Brooks, KY 40109

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/21/2020 - 11/20/2023
Period of Accreditation

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
File Number:	201709310144
Registration Date:	03/31/2017
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of March 1, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 2, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z7G9K9K

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

AmerisourceBergen
ICS

Ownership Information

Integrated Commercialization Solutions, LLC, ("ICS") is a California corporation is owned 100% by ASD Specialty Healthcare, LLC, a California corporation, which is owned 100% by AmerisourceBergen Specialty Group LLC, a Delaware corporation. All entities are overall owned by AmerisourceBergen Corporation which is publicly traded on the NASDAQ (ABC).

Integrated Commercialization Solutions, LLC is 100% owned by. . .

Parent Company:
ASD Speciality Healthcare, LLC
5025 Plano Parkway
Carrollton, TX. 75010
Tax ID: 33-0800482

Company Information

Company Name: Integrated Commercialization Solutions, LLC
Address: 167 International Blvd. STE A
City, State, Zip: Brooks, KY 40109
Phone: 502-955-3600
Website: www.icsconnect.com
E-mail: licenserenewals@absg.com
FEIN: 75-2758166
State of Formation: CA
Date Incorporated: 03/31/2017

Officers

James Cleary, Jr., Executive VP and CFO
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

John G. Chou, EVP and Special Advisor to the Chairman & CEO
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

John F. Quinn, Jr., Senior Vice President, Corporate Treasurer
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

AmerisourceBergen
ICS

Description of Operations

Integrated Commercialization Solutions, LLC ("ICS"), is part of AmerisourceBergen Corporations. Integrated Commercialization Solutions, LLC is a National Wholesale Distributor and 3PL located in Brooks, KY. ICS is a distributor of specialty health care products such as prescription drugs, OTC medications, and medical devices, across the United States. ICS's hours of operation are 7:30 a.m. – 11:30 p.m. EST Monday – Friday, closed on Saturday and Sunday. ICS, distributes products to wholesalers, hospitals, specialty distributors, specialty pharmacies, retailers, physicians, and long- term care facilities, military, repackagers, and surgical centers.

ICS
AmerisourceBergen

167 International Blvd and 420 International Blvd., Suite 500
Brooks, KY 40109

#	Associate Name	Shift	Status
1	Abomaash, Hussein	1st Shift	
2	Adams, Charmaine	2nd Shift	
3	Adams, Ralph	1st Shift	
4	Adkins, Mia	3rd Shift	
5	Al Bustani, Badwi	2nd Shift	
6	Al Khafaji, Alaa	2nd Shift	
7	Al Marsoomi, Nassr	2nd Shift	
8	Alfekaiki, Mazin	2nd Shift	
9	Allen, Brittany	1st Shift	
10	Allen, Tony	1st Shift	
11	Ancona, Sue	1st Shift	
12	Anderson, Timothy	1st Shift	
13	Argote, Gretchen	2nd Shift	
14	Arjona Urgelles, Dariena	2nd Shift	
15	Atiyah, Dheyaa	2nd Shift	
16	Barrios, Sissy	2nd Shift	
17	Beard, Lori	1st Shift	
18	Berry, Brandon	1st Shift	
19	Bibee, Michelle	1st Shift	
20	Bowman, Carole	1st Shift	
21	Bramlitt, Robert	1st Shift	
22	Brashear, James	1st Shift	
23	Bravo Miranda, Wilmen	2nd Shift	
24	Breeding, Judy	1st Shift	
25	Brown, Janet	2nd Shift	
26	Burba, Logan	3rd Shift	
27	Burkhead, Jennifer	1st Shift	
28	Calhoun, Sara	1st Shift	
29	Carpenter, Adrienne	2nd Shift	
30	Carroll, Jenny	1st Shift	
31	Cary, Danna	2nd Shift	
32	Charles, Manirakiza	2nd Shift	
33	Clifford, Angela	1st Shift	
34	Cline, Linda	1st Shift	
35	Cofer, Jim	1st Shift	
36	Cook, Betty	1st Shift	
37	Crain, Doug	1st Shift	
38	Crouch, Jacki	1st Shift	
39	Darst, Christopher	3rd Shift	
40	De La Cruz, Irina	1st Shift	
41	Delgado, Yury	2nd Shift	
42	Dever, Jessica	1st Shift	
43	Dickey, Victoria	1st Shift	
44	Diez Leyva, Wilfredo	2nd Shift	
45	Disotuart Breffe, Yenny	2nd Shift	
46	Donan, Trey	1st Shift	
47	Doval, Ruben	1st Shift	
48	Druin, Cierra	1st Shift	
49	Druin, Lorrie	1st Shift	
50	Druin, Robyn	2nd Shift	
51	Duncan, Amanda	1st Shift	
52	Estes, Cathy	1st Shift	
53	Estes, Kenneth	1st Shift	
54	Evans, Jacob	3rd Shift	
55	Faustin, Amani	2nd Shift	
56	Ferguson, Isaac	1st Shift	
57	Ferrusquia, Sarai	2nd Shift	
58	Fielding, Leigh Anne	1st Shift	
59	Fields, Terry	1st Shift	
60	Files, Ellen	1st Shift	

#	Associate Name	Shift	Status
61	Fuqua, Linda	1st Shift	
62	Gheddou, Rachida	3rd Shift	
63	Giraldo, Yamileivys	1st Shift	
64	Griffin, Shane	1st Shift	
65	Hall, Robert	2nd Shift	
66	Harp, Kathy	1st Shift	
67	Hart, Austin	1st Shift	
68	Hartloff, Leonard	2nd Shift	
69	Harzli, Chaima	1st Shift	
70	Hembree, Cassandra	3rd Shift	
71	Hemmat, Abdallah	1st Shift	
72	Hernandez, Julia	3rd Shift	
73	Hiser, Kelsey	1st Shift	
74	Jackson, Kenny	1st Shift	
75	Jackson, Kiara	3rd Shift	
76	Johnson, Mariah	3rd Shift	
77	Johnson, Tim	1st Shift	
78	Jones, James	1st Shift	
79	Jordan, Brandi	1st Shift	
80	Kabayiza, Mugisha	2nd Shift	
81	Kaboud, Ahmad	2nd Shift	
82	Kato, Joseph	2nd Shift	
83	Korfhage, Andrew	1st Shift	
84	Kuriger, Chris	1st Shift	
85	Lamb, Mike	1st Shift	
86	Lord, Kim	1st Shift	
87	Magil, Adiel (Fernando)	1st Shift	
88	Mann, Josh	1st Shift	
89	Martin, Josh	1st Shift	
90	Mast, John	1st Shift	
91	Mattingly, Paula	3rd Shift	
92	Mattson, Donnie	2nd Shift	
93	May, Amie	1st Shift	
94	McCawley, Brian	1st Shift	
95	McClanahan, Jennifer	1st Shift	
96	McCormick, Michael	2nd Shift	
97	McIntosh, Larry	1st Shift	
98	Meredith, Owen	1st Shift	
99	Minick, Mary	1st Shift	
100	Molina, Ana	2nd Shift	
101	Molina, Evelyn	3rd Shift	
102	Morales, Annia	2nd Shift	
103	Mudd, Joshua	3rd Shift	
104	Mutayomba, Patrick	3rd Shift	
105	Najjar, George	1st Shift	
106	Netherton, Laura	1st Shift	
107	Ngabire, Annet	2nd Shift	
108	Nguyen, Trung	1st Shift	
109	Niazi, Homayoon	2nd Shift	
110	Ouzts, Kyle	1st Shift	
111	Pasierbowicz, Jim	1st Shift	
112	Patterson, Samuel	2nd Shift	
113	Perez Mestre, Yorgelis	2nd Shift	
114	Pino Ceballos, Aniurys	2nd Shift	
115	Quintero Silva, Yunior	2nd Shift	
116	Powers, Joyce	1st Shift	
117	Raley, Michael	1st Shift	
118	Ramirez, Heidy	1st Shift	
119	Ramirez Virgilio	2nd Shift	
120	Ramos, Miriam	1st Shift	

#	Associate Name	Shift	Status
121	Rios-Santiago, Abdiel	3rd Shift	
122	Rodrigue, Shannon	1st Shift	
123	Rodriguez, Ruber	2nd Shift	
124	Rosell, Elena	2nd Shift	
125	Rowe, Chris	1st Shift	
126	Royalty, Mike	3rd Shift	
127	Ruiz, Adrian	1st Shift	
128	Sanchez, Vivian	1st Shift	
129	Santellan, Francisca	1st Shift	
130	Schmittler, Frances	1st Shift	
131	Settle, Jerry	2nd Shift	
132	Sharpe, Spencer	1st Shift	
133	Shrum, Cortney	1st Shift	
134	Skinner, Amber	1st Shift	
135	Steinbach, Kevin	2nd Shift	
136	Stevenson, Timothy	1st Shift	
137	Stillwell, Kevin	1st Shift	
138	Sutherland, Josh	1st Shift	
139	Terrazas, Kaela	1st Shift	
140	Thornsberry, Tim	1st Shift	
141	Tomlin, Candida	1st Shift	
142	Torres, Sonia	2nd Shift	
143	Twyman, Charles	3rd Shift	
144	Vasquez, Santa	2nd Shift	
145	Villa Pompa, Reynaldo	2nd Shift	
146	Wagner, Michael	1st Shift	
147	Wallace, Jimmy	1st Shift	
148	Wallace, Kevin	1st Shift	
149	White, Erea	1st Shift	
150	White, Laurie	1st Shift	
151	Wigginton, Monica	1st Shift	
152	Williams, Kristin	1st Shift	
153	Williamson, Timothy	1st Shift	
154	Wilson, Ayndrew	2nd Shift	
155	Wood, Jeff	3rd Shift	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Integrated Commercialization Solutions, LLC

Physical Address 167 International Blvd. STE A

City Brooks State KY Zip 40109

Mailing Address (if different from physical address) 1 West First Ave

City Conshohocken State PA Zip 19428

Telephone 502-955-3600 Website www.icsconnect.com

Licensing Company Email licenserenewals@absg.com

Section 2: Personal Information

First Kevin Middle Dale Last Stillwell

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] International Blvd., STE A

City Brooks State KY Zip 40109

Telephone [redacted] Email [redacted]@absg.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N / A	

Applicant's initials KS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Louisville		1989 - Present	
Address	**City**	**State**	**Zip**
2301 S 3rd St	Louisville	KY	40292
Diploma/Degree obtained, if any			
Business Management - in process (100 plus hours)			
School Name		From - To (MM/YY – MM/YY)	
Dupont Manual High School		1985 - 1989	
Address	**City**	**State**	**Zip**
120 W Lee St	Louisville	KY	40208
Diploma/Degree obtained, if any			
H.S. Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/01/2016 - Present	[redacted] Rolling Oak Blvd.	Louisville	KY	40214
From - To (MM/YY – MM/YY)	Address	City	State	Zip
June 2006 - 5/31/2016	[redacted] Patio Ct.	Louisville	KY	40214
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Integrated Commercialization Solutions, LLC			November 2011 - Present
Business Address	**City**	**State**	**Zip**
167 International Blvd. STE A	Brooks	Kentucky	40109
Phone	**Title**	**Number of Employed Hours**	
502-955-3600	Inventory Supervisor	about 20,000	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8.23.21
Date

Applicant's initials _____

I, Kevin Stillwell, **certify that as the designated representative for**

Integrated Commercialization Solutions, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kevin Stillwell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.23.21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Stillwell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.23.21
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Bullitt

I, Kevin Stillwell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8.23.21
Date

Subscribed and Sworn to before me this 23 day of August 2021

Notary Public Signature

Terry J Fields
NOTARY PUBLIC
Commonwealth of Kentucky
Commission Number KYNP24078
My Commission Expires March 12, 2025

TERRY J FIELDS NOTARY PUBLIC Comm. # KYNP24078 COMMISSION EXPIRES 3/12/2025 COMMONWEALTH OF KENTUCKY

(Seal)

Applicant's initials

Kevin Stillwell

[redacted]@absg.com | [redacted] | Louisville, KY 40201

Summary

Experienced inventory professional offering advanced understanding of documentation, receiving processing and storage procedures. Talented in training, motivating and directing teams. Maintains optimal inventory levels and solves routine and complex problems independently. Handle over 150 clients product and three million dollars in supplies.

Skills

- Maintaining product levels
- Reporting processes
- SOP creation
- Transaction management
- Equipment qualified
- Skilled communicator
- Excellent at Multi-tasking/time management
- Discrepancy investigator
- Inventory for 150 clients - product/supplies
- Computer/programs knowledge

Experience

Inventory Manager |ICS/ 167 International Blvd Brooks, KY 40109|11/2021 - Current

- Maintained productive warehouse environment for organization's complete inventory needs by training, managing and motivating staff to meet challenging demands.
- Order and manage over $400,000 in supplies inventory every month.
- Conduct yearly inventories of over 100 clients stock.
- Investigations/resolution of any inventory discrepancies
- returns area-controls, Haz, DEA, recalls
- Proper destruction of materials, 15 to 20 trucks quarterly
- Outbound/inbound procedures of a pharmaceutical warehouse.
- Qualified on many types of equipment
- Handled operations in two different warehouses simultaneously.

Education and Training

University of Louisville| Louisville, KY | Business Management

AMERISOURCEBERGEN CORPORATION

1300 Morris Drive
Chesterbrook, PA 19087

COMPLIANCE HISTORY

AmerisourceBergen Corporation ("AmerisourceBergen"), has had the following compliance issues relating to the licensure of its subsidiaries to engage in pharmaceutical distribution:

Integrated Commercialization Solutions, LLC ("ICS") provides distribution and third-party logistics services to pharmaceutical manufacturers, including the shipment of pharmaceutical products to customers in the State of Florida, out of a distribution center in Brooks, Kentucky. ICS operates its wholesale distribution business out of Suite 400 at the distribution center, which it operates jointly with its parent corporation, ASD Specialty Healthcare, LLC ("ASD"). At all relevant times, ASD held an Out-State Rx Drug Wholesaler permit issued by the Florida Department of Health for this facility. In addition, ICS held its own non-resident prescription drug manufacturer permit issued by the Florida Department of Health at an adjacent facility located at Suite 100 in the same building.

In August 2006, the Florida Department of Health informed ICS that it should obtain its own Out-State Rx Drug Wholesaler permit, in addition to ASD's Out-State Rx Drug Wholesaler permit, for Suite 400. ICS immediately filed an application for that permit, and now holds its own Out-State Rx Drug Wholesaler permit issued by the Florida Department of Health. In July 2007, ICS entered into an agreement with the Florida Department of Health, without admitting wrongdoing in any way, and paid a fine in full settlement of any claims with respect to the status of ICS's Florida permits prior to August 2006.

In April 2007, the Drug Enforcement Agency ("DEA") suspended registration of the Orlando distribution center of AmerisourceBergen Drug Corporation ("ABDC") for allegedly failing to maintain effective controls against diversion, as required by 21 U.S.C. §§ 823 (b)(1) and (e)(1). On August 25, 2007, the suspension of the Orlando division's DEA registration was lifted in accordance with a June 2007 settlement between ABDC and DEA in which ABDC expressly denied the DEA's allegations but agreed to implement an industry-leading order monitoring program to manage the distribution of controlled substances.

In May 2007, the Nevada State Board of Pharmacy conditionally suspended out-of-state wholesaler's license of ABDC's Orlando's division, based on the April 2007 DEA registration suspension discussed above. The Board reinstated the license following DEA's lifting of the Orlando division's DEA registration discussed above.

In October 2007, AmerisourceBergen acquired Bellco Drug Corp. ("Bellco"). Prior to the acquisition, in May 2007, the DEA suspended registration of Bellco's New York distribution center for allegedly failing to maintain effective controls against diversion as required by 21 U.S.C. §§ 823(b)(1) and (e)(1). In June 2007, Bellco entered into a Consent Judgment with DEA in which Bellco expressly denied the DEA allegations, but agreed to voluntarily surrender its DEA registration with leave to apply for a new registration as of October 2007, and paid a fine. Bellco received its new registration in February 2008. In connection with the application for a new registration, Bellco Drug was required to provide evidence of an effective order monitoring program to manage the distribution of controlled substances.

Prior to the Bellco acquisition, in May 2007, the DEA issued an Order to Show Cause against Bellco's subsidiary, American Medical Distributors, Inc. ("AMD"), for allegedly failing to maintain effective controls against diversion as required by 21 U.S.C. §§ 823(b)(1) and (e)(1). In June 2007, AMD entered into a settlement with DEA, in which, as part of the renewal of its registration, AMD was required to provide evidence of an effective program designed to detect and prevent diversion of controlled substances. The DEA subsequently renewed AMD's registration and withdrew its Order to Show Cause.

Chapin Drug Company ("Chapin") previously operated a distribution center located in Anaheim, California. In accordance with Florida law, Chapin had previously appointed its President, Mr. Mark Johnson, as its "designated representative" for Florida pedigree purposes. On December 31, 2007, Mr. Johnson left Chapin's employ. Within ten days thereafter, Chapin notified the Florida Department of Health of his departure and submitted a Notification of Designated Representative and Application for Certification as a Designated Representative for appointment of a new representative. Chapin also ceased all drug shipments into Florida until that the Department approved the new appointment. On February 15, 2008, the Florida Department of Health notified Chapin of its intent to suspend Chapin's Out-State Rx Drug Wholesaler permit pending approval of the new designated representative. On March 6, 2008, Chapin reiterated and confirmed to the Department that Chapin would not be shipping any drugs into Florida until Chapin's Florida permit is reinstated and renewed. The Department subsequently approved a new designated representative and, in July 2008, reinstated Chapin's permit.

In January 2008, the California Board of Pharmacy cited ABDC's Sacramento division for allegedly failing to establish procedures to ensure that dangerous drugs are delivered only to authorized premises and received and signed for by a pharmacist. After an office hearing, in April 2008, the California Board of Pharmacy issued a modified citation in which no fine was assessed, and no proof of abatement was ordered.

In January 2008, the Arkansas Board of Pharmacy cited AMD for applying late for a change in ownership of its non-resident wholesale distributor license after being acquired by AmerisourceBergen in October 2007. In February 2008, AMD entered into a Consent Order with the Arkansas Board of Pharmacy and paid a fine.

In March 2008, the Georgia Board of Pharmacy and ABDC's Orlando's division entered into a consent order with respect to ABDC inadvertently answering in the negative to a question about licenses or registrations being revoked or suspended.

In April 2008, the Arkansas Board of Pharmacy cited Bellco for applying late for a change in ownership of its non-resident wholesale distributor license after being acquired by AmerisourceBergen in October 2007. In May 2008, Bellco entered into a Consent Order with the Arkansas Board of Pharmacy and paid a fine.

In April 2008, the New Hampshire Board of Pharmacy cited Bellco for incorrectly answering a question relating to disciplinary actions on its renewal application. In June 2008, Bellco entered into a Consent Order with the New Hampshire Board of Pharmacy and paid a fine.

In August 2008, the Idaho Board of Pharmacy cited ABDC by for alleged failure to comply with Idaho pedigree requirements relating to repackaged product. In October 2008, ABDC entered into a Consent Order and paid a fine.

In May 2009, the Colorado Board of Pharmacy cited ABDC's Denver division for allegedly failing to comply with Colorado licensing requirements relating to manufacturers shipping product into Colorado. In June 2009, ABDC entered into a Stipulation with the Colorado Board of Pharmacy and paid a fine.

In January 2010, the California Board of Pharmacy cited ABDC's Valencia division by for not maintaining current inventory in connection with a theft that occurred at the division. After an office hearing, in September 2010, the California Board of Pharmacy issued a modified citation in which no fine was assessed.

In October and November 2010, the Colorado Board of Pharmacy cited ICS's locations at Suite 500 in Brooks, Kentucky, and its location in Reno, Nevada, for not timely notifying the Board of a change in designated representative. Another individual had been appointed as the designated representative at each location, but ICS had not timely notified the Board of the appointment. ICS entered into two Stipulations with the Colorado Board of Pharmacy resolving the matters and paid two fines.

In February 2011, the California Board of Pharmacy cited ABDC's Valencia division for allowing dangerous drugs to be received and signed for by non-pharmacists. After an office hearing, in May 2011, ABDC entered into a Stipulation and paid a fine.

In February 2012, the California Board of Pharmacy cited Burt's Pharmacy, Inc. ("BPI"), a former subsidiary, for non-compliant sales to a wholesaler. BPI resolved the matter without admitting any violation and paid a fine.

In December 2012 and January 2013, the Florida Department of Business and Professional Regulation cited ABDC's Orlando division was for alleged violations of Chapter 499, Florida Statues, and the administrative rules adopted pursuant to that chapter. In May 2013, ABDC entered into a settlement agreement with the Department resolving the matter and paid a small fine.

In December 2012, the Florida Department of Business & Professional Regulation alleged that ASD's Besse Medical had (i) erroneously identified the manufacturer of a drug as "Eyetech Pharmaceuticals" on certain pedigrees, when the holder of the NDC for the drug in question was "Eyetech," and (ii) included the name of the purchasing entity, the qualifying practitioner, and his medical license number on certain invoices to a customer, but did not include the entity's health care clinic establishment permit number on the invoices. In January 2013, ASD entered into a settlement agreement with the Department resolving the matter, without admitting wrongdoing, and paid a small fine.

In February 2015, the Florida Department of Business & Professional Regulation alleged that ASD violated Florida rules by (i) listing an incorrect permit number for ASD on four invoices, (ii) failing to list the purchaser's and/or recipient's permit number on seven invoices, and (iii) listing an incorrect address and permit number for ASD on one invoice. In March 2015, ASD entered into two settlement agreements with the Department resolving these matters and paid a small reduced fine.

In June 2016, the Puerto Rico Department of Health: Office of Investigations alleged that ABDC's J.M. Blanco division violated Puerto Rico regulations by (i) not reporting two controlled substance losses within five (5) days of discovery; (ii) sending four bottles of a controlled substance for destruction prior to the State granting approval; and (iii) one controlled substance was discovered in the non-saleable morgue for longer than the allowable six- month time frame. J.M Blanco submitted corrective actions and paid a small fine.

In September 2017, AmerisourceBergen Specialty Group, LLC ("ABSG"), pled guilty in the Eastern District of New York to a strict liability misdemeanor offense in connection with the failure of one of ABSG's formerly operating entities, Medical Initiatives, Inc., to register with the United States Food and Drug Administration. ABSG paid a fine and forfeiture and entered into a three-year compliance agreement as a result of the plea.

ASD Specialty Healthcare, LLC ("ASD") is owned by AmerisourceBergen Specialty Group, LLC ("ABSG"). In September 2017, ABSG pled guilty in the Eastern District of New York to a strict liability misdemeanor offense in connection with the failure of one of ABSG's formerly operating entities, Medical Initiatives, Inc., to register with the United States Food and Drug Administration. ABSG paid a fine and forfeiture and entered into a three-year compliance agreement as a result of the plea.

In January 2018, the Colorado Board of Pharmacy cited ABDC's Denver division for a documented loss associated with a controlled substance. As a result of the citation, ABDC paid a small fine.

In April 2018, ABDC's Sacramento division entered into a settlement agreement and disciplinary order for public reproval with the State of California based on allegations that a pharmacist did not sign for certain deliveries of drugs made to a particular pharmacy. As a result of the settlement agreement, ABDC paid a small fine.

In June 2018, the Florida Department of Business and Professional Regulation issued a Notice of Violation, alleging that ASD violated Section 499.067 of the Florida Statutes because ASD's owner, ABSG, was found to have violated a federal drug law. In June 2018, ASD and the Department entered into a Settlement Agreement resolving the matter and paid a fine, without ASD admitting the allegations in the Notice of Violation.

In June 2018, the Board of Pharmacy Department of Consumer Affairs in the state of California issued a Citation to H.D. Smith, LLC alleging the violation of California Business and Professional Code 4059.5(a), stating dangerous drugs were signed for by a non-pharmacist in August 2015. In June of 2018, with no admission of guilt, H.D. Smith, LLC resolved the matter and paid a small fine.

In June 2018, the California Board of Pharmacy cited ABDC's Amityville, NY division for allegedly failing to ensure that dangerous drugs are delivered only to authorized premises and received and signed for by a licensed pharmacist. The California Board of Pharmacy issued a citation and, with no admission of guilt, a small fine was paid by ABDC.

In January 2019, the Colorado State Board of Pharmacy cited ABDC's Bethlehem, PA division for failing to timely report a change in Designated Representative and pay the requisite fee. The Colorado State Board of Pharmacy issued a citation and ABDC paid a small fine.

On September 18, 2019 the State of Utah Department of Commerce, Division of Occupational and Professional Licensing (the "Division") issued an administrative citation to the ASD facility located in Dothan, AL for failing to report compliance-related issues to the Division within the 10-day time frame as outlined in U.C. A. 58-17b-614. The facility paid a small fine.

On September 27, 2019 the State of Utah Department of Commerce, Division of Occupational and Professional Licensing (the "Division") issued administrative citations to the ABDC Bethlehem facility and the ABDC Sacramento facility for failing to report compliance-related issues to the Division within the 10-day time frame as outlined in U.C. A. 58-17b-614. Each facility paid a small fine.

In October 2019, the California Board of Pharmacy issued an administrative action against the ABDC Phoenix, Arizona facility for not notifying the Board of Pharmacy of a new Designated Representative-in-Charge within 30-days of the date that the prior Designated Representative ceased to be the Designated Representative-in-Charge. The California Board of Pharmacy issued a Citation and, in resolution of the matter, ABDC paid a small fine.

In January 2020, ABDC's Valencia and Corona Distribution Centers, as well as designated representatives Ronald Green, William Wilson, and John Stavich, entered into a Stipulated Settlement and Disciplinary Order for Public Reproval with the California Board of Pharmacy related to ABDC's sale of certain controlled substances to four pharmacies during various times between 2010 and 2015. The ABDC entities paid a fine and its licenses were subject to public reproval as a result of the settlement.

In January 2020, the Alahama Board of Pharmacy issued a Statement of Charges and Notice of Hearing alleging ASD Specialty Healthcare, LLC dba Oncology Supply's facility in Dothan, AL violated the Alabama Pharmacy Practice Act because of a Plea Agreement entered into by ASD's owner, AmerisourceBergen Specialty Group, in the E.D. N.Y. in September of 2017 and a Settlement Agreement ASD entered into with the State of Florida in July of 2018. In July 2020, ASD and the Department entered into a Consent Order resolving the matter and paid a fine.

In June 2020, an administrative citation was issued to ABDC's Olive Branch division by the State of California, based on allegations that a pharmacist did not sign for certain deliveries of drugs made to a pharmacy. As a result, ABDC paid a small fine.

In June 2020, the State of the Maine Board of Pharmacy issued an administrative citation to the ASD facility located in Dothan, AL for failing to report its 2018 settlement with the Florida Dept. of Professional and Business Regulation to the Maine Board within the 10-day time frame as outlined in 10 M.R.S. §§ 8003(5-A)(A)(l l), and 10 M.R.S. § 8003-G(2)(C). In July 2020 the facility entered into a settlement agreement with the Board and paid a small fine.

In July 2020, ABDC's Sacramento Distribution Center, as well as designated representative John E. Jessee, entered into a Stipulated Settlement and Disciplinary Order with the California Board of Pharmacy related to ABDC's sale of certain controlled substances to four pharmacies during various times between 2010 and 2014. With no admission of guilt, ABDC paid a fine and its wholesale license and designated representative, John E. Jessee's license, were subject to public reproval as a result of the settlement.

In September 2020, administrative citations were issued to ABDC's Sacramento division and the Designated Representative Richard Wilson by the State of California, based on allegations that a pharmacist did not sign for certain deliveries of drugs made to a pharmacy. The Sacramento facility contested the citations and has requested an office hearing with CA BOP to discuss.

In November 2020, ABDC entered into a settlement agreement with the Florida Department of Business and Professional Regulation to resolve allegations that ABDC's Louisville, Kentucky division operated without a permit, adulterated prescription drugs by distributing drugs without a permit, and failed to maintain records as required by Florida law. As a result of the settlement, ABDC paid a fine but did not admit guilt.

In January 2021, ICS entered into a settlement agreement with the Florida Department of Business and Professional Regulation to resolve allegations that ICS's Lockhourne, Ohio distribution center division operated as Florida-licensed out of state prescription drug wholesale distributor without a licensed Florida Certified Designated Representative in its employ, as required by Florida law. As a result of the settlement, ICS paid a fine but did not admit guilt.

In January 2021, ABDC entered into a settlement agreement with The State of Connecticut, Dept. of Consumer Protection to resolve allegations that ABDC Newhurgh, through its contracted carrier, failed to maintain all equipment used for storage of controlled substances securely locked except for the actual time required to remove or replace needed items. As a result of the settlement, ABDC paid a fine.

If there are any questions regarding this information, please contact either:

Kathy H. Gaddes, EVP
Chief Compliance Officer

AmerisourceBergen Corporation
610-727-7000

or

Elizabeth S. Campbell, VP
Group General Counsel
Chief Compliance Counsel
AmerisourceBergen Corporation
610-727-7000

RIDER

To be attached to and form part of:

Bond Number 08861011

dated September 20, 2006

issued by the FIDELITY AND DEPOSIT COMPANY OF MARYLAND

in the amount of $100,000.00

on behalf of AMERISOURCEBERGEN CORPORATION
(Principal)

and in favor of STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

LOCATION VERIFICATION:

See Attached

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 6th day of January, 2022.

Signed, Sealed & Dated this 6th day of January, 2022.

AMERISOURCEBERGEN CORPORATION
(Principal)

By: John G. Chou (Jan 12, 2022 11:14 EST)

FIDELITY AND DEPOSIT COMPANY OF MARYLAND
(Surety)

By: Sara Owens

Sara Owens, Attorney-in-Fact

The Following Address shall be Made Part of this Bond:

ABDC Amityville:	5500 New Horizon Blvd., No. Amityville. NY 11701
ABDC Atlanta/Buford:	3930 Mason Mill Rd., Buford, GA 30518
ABDC Boston:	101 Norfolk Street, Mansfield, MA 02048
ABDC Chicago:	1001 West Taylor Rd., Romeoville, IL 60446
ABDC Columbus:	6301 LaSalle Drive, Lockbourne, OH 43137
ABDC Columbus:	6305 LaSalle Dr., Lockbourne, OH 43137
ABDC Corona:	1851 California Avenue, Corona, CA 92881
ABDC Dallas:	501 Patriot Parkway, Roanoke, TX 76262
ABDC: Denver:	501 W. 44th Avenue, Denver, CO 80216
ABDC Honolulu:	238 Sand Island Access Rd. #MI, Honolulu, HI 96819
ABDC Houston:	12727 W. Airport Blvd., Sugar Land, TX 77478
ABDC Kansas City:	11200 N. Congress Ave., Kansas City, MO 64153
ABDC Kentucky:	6001 Global Distribution Way, Suite 102. Louisville, KY 40228
ABDC Morrisville:	120 Trans Air Drive, Morrisville, NC27560
ABDC Newburgh:	108 Route 17K. Suite 1. Newburgh, NY 12550
ABDC N. Amityville:	5500 New Horizon Blvd., N. Amityville, NY 11701
ABDC Olive Branch:	12577 Stateline Road, Olive Branch, MS 38654
ABDC Orlando:	10910 Lee Vista Blvd., Suite 1, Orlando FL 32829
ABDC Phoenix:	7775 Buckeye Rd., Suite 150, Phoenix, AZ 85043
ABDC Richmond:	9900 J.E.B. Stuart Pkwy., Glen Allen, VA 23060
ABDC Sacramento:	1325 West Striker Ave., Sacramento, CA 95834
ABDC Salt Lake City:	1765 Fremont Drive., Salt Lake City, UT 84104
ABDC Seattle:	2141 S. 211th Street. Des Moines, WA 98198
ABDC Shakopee:	500 Innovation Drive, Shakopee, MN 55379
ABDC Valencia:	24903 Avenue Kearny, Valencia, CA 91355
ABDC Williamston:	One Industrial Park, Williamston, MI 48895
ABDC Whitestown:	4680 Indianapolis Rd. Whitestown, IN 46075
Theracom, LLC	1195 Trademark Drive, #102-C, Reno, NV89511
ASD Specialty Healthcare, LLC:	1195 Trademark Drive, #102-A, Reno, NV 89511 345 International Blvd. Suite 400A, Brooks, KY 40109 2811 Horace Shepard Drive., Dothan, AL 36303 5566 Arrow Hwy, Montclair, CA 91763
Integrated Commercialization Solutions, LLC:	1195 Trademark Drive, #102-B Reno, NV 8951 6450 LaSalle Drive, Suite B/D Lockbourne, OH 43137 167 International Blvd., STE A, Brooks, KY 40109 420 International Blvd., Suite 500, Brooks, KY 4

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8. Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 6th day of January, 2022.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Wayne G. MCVAUGH, Elizabeth MARRERO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERROD, Joanne C. WAGNER, Vicki JOHNSTON, Cathy H. HO, George GIONIS, Lori SHELTON, Jaquanda MARTIN and Kaitlyn MALKOWSKI all of Philadelphia, Pennsylvania,** EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 15th day of May, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 15th day of May, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019

ABC - Nevada Surety Bond - For Licensing

Final Audit Report 2022-01-12

Created:	2022-01-12
By:	Sam Smith (samuel.smith@amerisourcebergen.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvsMj7V5jr72N62waCsrV1_k9W8RopqLi

"ABC - Nevada Surety Bond - For Licensing" History

Document created by Sam Smith (samuel.smith@amerisourcebergen.com)
2022-01-12 - 3:20:33 PM GMT- IP address: 163.116.157.34

Document emailed to John G. Chou (jchou@amerisourcebergen.com) for signature
2022-01-12 - 3:21:02 PM GMT

Email viewed by John G. Chou (jchou@amerisourcebergen.com)
2022-01-12 - 4:14:14 PM GMT- IP address: 107.77.204.98

Document e-signed by John G. Chou (jchou@amerisourcebergen.com)
Signature Date: 2022-01-12 - 4:14:40 PM GMT - Time Source: server- IP address: 107.77.204.98

Agreement completed.
2022-01-12 - 4:14:40 PM GMT

Description	NDC or Product Identifier
Intrarosa Prasterone 6.5MG P28	64011060128
Heparin 1000U/ML MDV 10X30ML	00069013703
Acetaminophen Inj1000mg/100ML CTN/24	24201010024
Piperacillin and Tazobactam for Inj 2.25g	71288000231
Piperacillin and Tazobactam for Inj 3.375g	71288000331
Piperacillin and Tazobactam for Inj 4.5g	71288000451
Ampicillin and Sulbactam for Inj 1.5g	71288000520
Ampicillin and Sulbactam for Inj 3g	71288000630
Ampicillin and Sulbactam for Inj 15g	71288000775
Cefepime for Inj 2g	71288000920
Milrinone Lactate Inj 50mg/50mL	71288020050
Heparin Sodium Inj 30000 units 30mL	71288040231
Heparin Sodium Inj 5000 units 1mL	71288040302
Enoxaparin Sodium Inj 30mg/0.3mL	71288041081
Enoxaparin Sodium Inj 40mg/0.4mL	71288041083
Enoxaparin Sodium Inj 60mg/0.6mL	71288041085
Enoxaparin Sodium Inj 80mg/0.8mL	71288041087
Enoxaparin Sodium Inj 100mg/1mL	71288041089
Enoxaparin Sodium Inj 120mg/0.8mL	71288041181
Enoxaparin Sodium Inj 150mg/1mL	71288041183
Heparin Sodium Inj 5000 units 1mL PremierProRx	71288042296
Endari Oral L-Glutamine 5GM	42457042060
Quzyttir 10MG/ML 1 VIAL Each	70720010010
Xermelo 3 Tablet Day Packs	70183012584
Zoladex 3.6MG Injectable Each	70720095036

Description	NDC or Product Identifier
0.9% Saline, USP 20ML Each	6332318620
20mg KPT-9274 Bottle-50 Each	KPT-9274 20MG
30 CT Patient Kit 5mg/vial CTN	68875010201
Abelcet 20ml VIAL EACH	57665010141
Acetaminophen Inj1000mg/100ML CTN/24	24201010024
Acetazolamide ER 500mg,100ct	50742023301
Acthar Gel 5ml Injection Each	63004871001
Acyclovir Oint USP 5% 15GM Ea	00713063015
Acyclovir Oint USP 5% 30GM Ea	00713063031
Adcetris 50mg/vial EACH	51144005001
ADCETRIS-CANADA 50MG/VIAL EA	02401347
Adrenalin 1mg/mL SDV 1mL Each	42023015901
AFREZZA 180CT 8U/12U FG CTN	47918089818FG
Afrezza 180Ct, 4U/8U(90:90)CTN	47918088018
Afrezza 180Ct,8U/12U(90:90)CTN	4791889818
AFREZZA 90 CT, 12 UNITS CTN	47918089190
Afrezza 90 Ct, 4 Units CTN	47918087490
AFREZZA 90 CT, 8 UNITS CTN	47918087890
Afrezza180,4U8U12U(60:60:60)	47918090218
Akynzeo 300MG/0.5MG Cap Each	69639010101
Akynzeo IV 235mg/0.25MG per VL	69639010201
Akynzeo Liquid	69639010501
Albuked 5% 250mL EA	76125079025
Albuked AFP 25% 100ML Each	76125079210
Albuked AFP 25% 50ML Each	76125079225
Alunbrig 180MG 30Ct Tabs BTL	63020018030
Alunbrig 30MG 30Ct Tabs BTL	63020011330
Alunbrig 90MG 30ct Tabs BTL	63020009030
Alunbrig 90MG 7CT Tabs BTL	63020009007
Alunbrig 90MG 7CT/180MG 23CT	63020019830
Amondys 45 Casimersen 2ML Each	60923022702
Ampicillin and Sulbactam for Inj 1.5g	71288000520
Ampicillin and Sulbactam for Inj 15g	71288000775
Ampicillin and Sulbactam for Inj 3g	71288000630
AMZEEQ Topical Foam 4% Each	72356010103
Andexxa 200MG Vials Ctn/4	69853010201
Anjeso Meloxicam 30MG/ML Vial	71518000101
Arakoda (tafenoquine)Tab 100MG	71475025701
Arcalyst,rilonacept 220mg CTN	61755000101
Arcalyst,rilonacept 220mg CTN	61755000101*
Aristada 1064MG Syringe Inj EA	65757040403
Aristada 441MG Syringe Inj EA	65757040103
Aristada 662MG Syringe Inj EA	65757040203
Aristada 882MG Syringe Inj EA	65757040303
Aristada Initio (tm) 675mg Syringe Inj EA	65757050003
Arsenic Inj. 10MG/10ML Each	50742043810
Arsenic Trioxide Inj 2-Count	69918072002
Arsenic Trioxide Injection	69918072010
ATOPICA 100MG X15BLCD AM	CA490207VAM
ATOPICA 100MG/ML SOL 17ML X1VI	CA490017HAM
ATOPICA 100MG/ML SOL 5ML X1VIA	CA490005HAM
ATOPICA 10MG X15BLCD AM	CA491507VAM
ATOPICA 25MG X15BLCD AM	CA491007VAM

ATOPICA 50MG X15BLCD AM	CA490507VAM
Atracurium Besylate Inj 100mg/10mL	71288070210
Atracurium Besylate Inj 50mg/5mL	71288070105
Avonex FG Liq 30MCG PF Pen CTN	59627033304
Avonex FG LIQ 30MCG PFS 4Pk	59627022205
Ayvakit 100MG 30ct Tab Btl	72064011030
Ayvakit 200mg 30ct Tab Btl	72064012030
Ayvakit 300MG 30ct Tab Btl	72064013030
Beleodaq 500mg/vial Each	72893000201
Belrapzo Bendamustine HCl Inj	42367052125
Bendamustine Hydrochloride Inj	42367052025
Bensal HP 30G Tube 3-6% Each	63801010701*
BETA DIP CREAM EQ 0.05% 15GM	00713065915
BETA DIP CREAM EQ 0.05% 15GM	00713075915
BETA DIP CREAM EQ 0.05% 45GM	00713065937
BETA DIP CREAM EQ 0.05% 45MG	00713075937
BETAMETHASONE DIP LT .05% 60ML	00713080753
Betamethasone Dipropionate Lotion Each	00713072853
Betamethasone Foam 0.12% 100gm	50742031501
Betamethasone Foam 0.12% 50gm	50742031550
BETAMETHASONE VAL CRM .1% 15G	00713032615
BETAMETHASONE VAL CRM .1% 45G	00713032637
BETAMETHASONE VAL OIN .1% 15G	00713032715
BETAMETHASONE VAL OIN .1% 45G	00713032737
Bionect 100GM Cream .20% Each	71403000704
Bleomycin for Inj 15 units	71288010610
Bleomycin for Inj 30 units	71288010720
Bonjesta 20MG 60Ct Btl Each	55494012060
Bosentan Tablets 62.5mg, 60Ct	47335003886
Brukinsa 80mg 120CT Caps Each	72579001102
Brukinsa 80mg 60CT Caps Each	72579001101
Busulfan Inj 60mg/10mL	71288011611
Cabergoline 8Ct Tabs 0.5MG EA	50742011808
Cabometyx 20MG 30 Tab Btl Each	42388002426
Cabometyx 20MG 30 Tab PAP Each	42388002426P
Cabometyx 20mg NFS 15ct Tab Ea	42388002437
Cabometyx 40mg 15ct NFS Tab Ea	42388002537
Cabometyx 40MG 30 Tab Btl Each	42388002526
Cabometyx 40MG 30 Tab PAP Each	42388002526P
Cabometyx 60MG 15Ct NFS SAM EA	42388002337
Cabometyx 60MG 30 Tab Btl Each	42388002326
Cabometyx 60MG 30 Tab PAP Each	42388002326P
Calcipotriene Sol 0.005% 60ML	00713031853
Calcium Chloride 10% SDV 10mL	00517671001
Calibration Dose EACH	NA
Cambia 50MG Powder Each	13913001203
Cambia Samples 50 MG Each	13913001202
Carboplatin Inj 450MG/45ML	50742044745
Carnitor Inj 1gr/5ml 5/ctn	54482014701
Carnitor Liquid 118 mL	54482014508
Carnitor SF Liquid 118 ml	54482014801
Carnitor Tablets 330 mg x 90	54482014407
Cefepime for Inj 2g	71288000920
Ceracade Cream Each	69489051190

Cervidil 10mg EACH	55566280001
Ciclopirox Crm 0.77% 15GM Ea	00713063815
Ciclopirox Crm 0.77% 30GM Ea	00713063831
Ciclopirox Crm 0.77% 90GM Ea	00713063818
Ciclopirox Sol 8% 6.6ML Each	00713031788
Cinryze 500 Units Vial Each	42227008105
Cinryze 500 Units Vial Each ITL	42227008105ITL*
CINVANTI Injec Emul Replace EA	47426020101RE
CINVANTI Injectable Emulsion	47426020101
CINVANTI PAP INJECT EMULSION	47426020101P
Cisatracurium Besylate Inj 10mg/5mL	71288071206
Cisatracurium Besylate Inj 20mg/10mL	71288071411
Clenpiq 2 x 160ml CTN	55566670001
Clenpiq Pro Samp 2X160ML CTN	55566670002
Clobetasol Oint 0.05% 15GM Ea	00713065615
Clobetasol Oint 0.05% 30GM Ea	00713065631
Clobetasol Oint 0.05% 45GM Ea	00713065637
Clobetasol Oint 0.05% 60GM Ea	00713065660
Clobetasol Propionate 100G Ea	50742030401
Clobetasol Propionate 50ML Ea	50742030450
Cloderm Cream 45gm Tube CTN	71403080445
Cloderm Cream 75gm Pump CTN	71403080475
Cloderm Cream 90gm Tube CTN	71403080490
CLOMICALM 20MG 30TAB X1BOTL AM	CA4935030AM
CLOMICALM 5MG 30TAB X1BOTL AM	CA4930030AM
CLOMICALM 80MG 30TAB X1BOTL AM	CA4940030AM
Clonidine ER Tabs 0.1mg 60ct	50742024760
COM SPINRAZA FG 2.4MG/ML 5ML	64406005801
Cometriq 100MG Caps CTN/4	42388001214
Cometriq 140MG Caps CTN/4	42388001114
Cometriq 60MG Caps CTN/4	42388001314
Cometriq PAP 100MG Caps CTN/4	42388001214P
Cometriq PAP 140MG Caps CTN/4	42388001114P
Cometriq PAP 60MG Caps CTN/4	42388001314P
COMFORTIS TAB 140MG X60BLCD AM	CA4222Y07AM
COMFORTIS TAB 1620MG X60BLCD AM	CA4227Y07AM
COMFORTIS TAB 560MG X60BLCD AM	CA4224Y07AM
COMFORTIS TAB 810MG X60BLCD AM	CA4225Y07AM
CONTRAVE	51267089099*
COPIKTRA 15MG 56CT VS EACH	7177911502
Copiktra 25MG 28ct Bridge PAP	71779012503PAP
Copiktra 25MG 56ct VS EACH	7177912502
Corgard 20MG Tablets Each	27505010001
Corgard 40MG Tablets Each	27505010101
Corgard 80MG Tablets Each	27505010201
Cosela 300MG Vial Each	73462010101
CREDELIO PUPPY COMBO PACK 112.5/225MG AM	CA545301TAM
CREDELIO TAB 112.5MG X16BLCD AM	CA5458016AM
CREDELIO TAB 112.5MG X60BLCD AM	CA5458Y07AM
CREDELIO TAB 112.5MG X7BLCD BULK AM	CA5458007AM
CREDELIO TAB 225MG X16BLCD AM	CA5456016AM
CREDELIO TAB 225MG X60BLCD AM	CA5456Y07AM
CREDELIO TAB 225MG X7BLCD BULK AM	CA5456007AM
CREDELIO TAB 450MG X16BLCD AM	CA5454016AM

CREDELIO TAB 450MG X60BLCD AM	CA5454Y07AM
CREDELIO TAB 56.25MG X16BLCD AM	CA5452016AM
CREDELIO TAB 56.25MG X7BLCD BULK AM	CA5452007AM
CREDELIO TAB 900MG X16BLCD AM	CA5451016AM
CREDELIO TAB 900MG X60BLCD AM	CA5451Y07AM
CroFab 2/CTN	50633011012
Cyclophosphamide Inj. 1G/5ML	50742052005
Cyclophosphamide Inj. 500MG / 2.5ML	50742051902
CycloSERINE 250mg Blisterx30EA	13845120202
Cyproheptadine HCl 4mg/1000ct	50742019010
Cyproheptadine HCl 4MG/100ctEA	50742019001
Cytarabine Inj 2g/20mL	71288010920
Danyelza 40mg/10ml Vial Each	73042020101
DAPTO 500MG INT UNLABELED	D500-1
Daptomycin 350MG VL Unlabeled	D350
Daptomycin API SPU	NO UPC/NDC
Daptomycin for Inj 500mg Each	71288001810
Daraprim 25MG 100ct Btl	69413033010*
Daraprim 25MG 100ct Btl	69413033010
Daraprim 25MG 30ct Btl	69413033030*
Daraprim 25MG 30ct Btl	69413033030
Daraprim 25mg Tab, 100Ct Bt	1436 0330-10
DDAVP 0.1MG 100 TABS BTL EACH	55566260000
DDAVP 0.2MG 100 TABS BTL EACH	55566270000
DDAVP 4MCG/ML Amp10X1ML CTN/10	55566220000
DDAVP 4MCG/ML VIAL 1X10 ML	55566230000
DERAMAXX 100MG 7TAB X5BOTL AM	CA4995035AM
DERAMAXX 12MG 7TAB X5BOTL AM	CA4980035AM
DERAMAXX 25MG 7TAB X5BOTL AM	CA4985035AM
DERAMAXX 75MG 7TAB X5BOTL AM	CA4990035AM
DERAMAXX 75MG 90TAB X1BOTL AM	CA4990090AM
Desipramine HCl Tab 100mg 100s	50742011601
Desipramine HCl Tab 150mg 50s	50742011750
Desipramine HCl Tabs 10mg 100s	50742011201
Desipramine HCl Tabs 25mg 100s	50742011301
Desipramine HCl Tabs 50mg 100	50742011401
Desipramine HCl Tabs 75mg 100s	50742011501
Desmopressin 0.1MG Tabs Each	69918010101
Desmopressin 0.2MG Tabs Each	69918020101
Desmopressin 10ML Vial Each	69918090110
Desmopressin Amps 1ML CTN/10	69918089910
Desonide Crm 0.05% 15GM Each	00713066115
Desonide Crm 0.05% 60GM Each	00713066160
Dextrose 50% Ansyringe 25gm 50mL EA	00409751766
Diacomit 250mg 60/Packet BOX	68418794106
Diacomit 250mg 60capsule BTL	68418793906
Diacomit 500mg 60 Packet Box	68418794206
Diacomit 500MG 60Capsule BTL	68418794006
Diclegis 10MG 100CT BTL Each	55494010010
DigiFab 40mg CTN	50633012011
Dihydroergotamine Mesylate Nasal Spray, 4 mg/mL vl	24201046308
Diltiazem HCl ER Caps 120mg 30	50742024830
Diltiazem HCl ER Caps 120mg 90	50742024890
Diltiazem HCl ER Caps 180mg 30	50742024930

Diltiazem HCl ER Caps 180mg 90	50742024990
Diltiazem HCl ER Caps 240mg 30	50742025030
Diltiazem HCl ER Caps 240mg 90	50742025090
Diltiazem HCl ER Caps 300mg 30	50742025130
Diltiazem HCl ER Caps 300mg 90	50742025190
Diltiazem HCl ER Caps 360mg 30	50742025230
Diltiazem HCl ER Caps 360mg 90	50742025290
Docetaxel Inject USP 20MG/2ML	50742042802
Docetaxel Inject USP 80MG/8ML	50742043108
Docetaxel InjectUSP 160MG/16ML	50742046316
DOJOLVI 500ML Each	69794005050CS
Doptelet 20mg 10ct CTN	71369002010
Doptelet 20mg 15ct CTN	71369002015
Doptelet 20MG 30ct tabs CTN	71369002030
Doxepin 3MG 30ct	44183010330
Doxepin 6 MG 30 ct	44183010630
Doxercalciferol Inj 4mcg/2mL	71288080203
Doxy Monohydrate Capsule 100mg	00713055550
DOXY MONOHYDRATE CAPSULE 100mg	00713055593
DOXY MONOHYDRATE CAPSULE 75MG	00713055401
Doxycycline Caps 75MG 100Ct Ea	00713042801
Doxycycline Hyclate 50mg	72143021160
Doxylamine Succinate/Pyridoxine Hydrochloride	70505010010*
Dry-Block Heater, 120V	MARQIBO DRY BLOCK
EE Nor. Ace 0.5/0.1 1X28 Ea	50742065828
EE Nor. Ace 0.5/0.1 3X28 EA	50742065884
EE Nor. Ace 1/0.5 1X28 Tabs	50742065728
EE Nor. Ace 1/0.5 3X28 Tabs	50742065784
Efavirenz, Lamivudine, and Tenofovir Disoproxil	42385092830
Efavirenz, Lamivudine, and Tenofovir Disoproxil	42385092931
Eligard 22.5 MG,Every 3 MONTHS	62935022305
Eligard 30MG, Every 4 months	62935030330
Eligard 45 MG, Every 6 MONTHS	62935045345
Eligard 7.5MG, Every month	62935075375
Elliotts B Solution10ML CTN/10	55792000710
Elzonris Inj 1,000 MCG/ML	72187004011
Elzonris Inj PAP 1,000 MCG/ML	72187004011P
EmbaGYN Pelvic Floor Exerciser	60642-5010-014
Endari Oral L-Glutamine 5GM	42457042060
Endometrin Sample Kit (6s)	ENDOSMPL-6S
Endometrin Sample Kit (6s)	RS-ENDOSMPL-6S
Endometrin Vaginal Insrt 21/PK	55566650003
Enoxaparin Sodium Inj 100mg/1mL	71288041089
Enoxaparin Sodium Inj 120mg/0.8mL	71288041181
Enoxaparin Sodium Inj 150mg/1mL	71288041183
Enoxaparin Sodium Inj 30mg/0.3mL	71288041081
Enoxaparin Sodium Inj 40mg/0.4mL	71288041083
Enoxaparin Sodium Inj 60mg/0.6mL	71288041085
Enoxaparin Sodium Inj 80mg/0.8mL	71288041087
ENTYCE 10ML X 1BOTL AM CTN	CA5535010AM
ENTYCE 15ML X 1BOTL AM CTN	CA5535015AM
ENTYCE 30ML X 1BOTL AM CTN	CA5535030AM
Envarsus XR .75MG 100Tab BtlEA	68992307501
Envarsus XR .75MG 100Tab BtlEA	68992307501P

Envarsus XR .75MG 30Tab Btl EA	68992307503
Envarsus XR .75MG 30Tab BTL EA	68992307503P
Envarsus XR 1MG 100Tab BTL EA	68992301001
Envarsus XR 1MG 100Tab BTL EA	68992301001P
Envarsus XR 1MG 30Tab BTL EA	68992301003
Envarsus XR 1MG 30Tab Btl EA	68992301003P
Envarsus XR 4MG 100Tab BTL EA	68992304001
Envarsus XR 4MG 100Tab BTL EA	68992304001P
Envarsus XR 4MG 30Tab BTL EA	68992304003
Envarsus XR 4MG 30Tab BTL EA	68992304003P
Epogen M20 20MUN/KL MDV 10x/ML	55513047810
Ergomar Sublingual 20ct Tab Ea	70720012020
Ergomar Sublingual 3ct Tab SA	70720012003
ERGOTAMINE 2MG CAFFEINE 100MG	00713016612
Euflexxa 3 x 2ml CTN	55566410001
Evomela 50mg Vial EACH	72893000101
Exelderm Cream 1.0% 60g Each	69489071160
Exelderm CRM 1.0% 60g Sample	69489071160S
Exelderm SLN 1.0% 30ML Sample	69489072130S
Exelderm Solution 1.0% 30ml Ea	69489072130
Exelderm Solution 1.0% 5ml Sample	69489072105
Exondys 51 100MG/2ML Injec CTN	60923036302
Exondys 51 100MG/2ML PAP CTN	60923036302P
Exondys 51 500MG/10ML PAP CTN	60923028410P
Exondys 51 500MG/10MLInjec CTN	60923028410
EXPAREL 133MG/10ML 4/CTN	65250013304
EXPAREL 133MG/10ML 10/CTN	65250013309
EXPAREL 266MG/20ML 4/CTN	65250026604
EXPAREL 266MG/20ML 10/CTN	6525026609
EXPAREL Samp 133MG/10ML CTN/4	65250013304S
EXPAREL Samp 266MG/20ML CTN/4	65250026604S
Eylea 2MG/.05ML Vial Ctn	61755000502P*
Eylea 2mg/0.05ml EACH	61755000502
EYLEA 2mg/0.05mL PFS EACH	61755000501
EYSUVIS 8.3 mL 0.25% Sterile	71571033383
EYSUVIS Sample 2.4 mL Sterile	71571033324SA
Farydak Capsules 10mg Each	00078065006
Farydak Capsules 15mg Each	00078065106
Farydak Capsules 20mg Each	00078065206
Fenofibrate Tablets USP Each	42385093590
Fenofibrate Tablets USP Each	42385093605
Fenofibrate Tablets USP Each	42385093690
Fenofibric Acid Delayed Release Caps 90 CT	42385094490
Fenofibric Acid Delayed Release Caps 90 CT	42385094590
FENSOLVI , PRODUCT (US) SAFETY NEEDLE	62935015350
Feraheme 510mg EACH	59338077501
Feraheme 510mg EACH	59338077501*
Feraheme 510mg Each	59338077501RP
Feraheme 510MG-Clinical Trial	59338077501CLT
FG Avonex FG LIQ 30MCG PF Pen	59627-333-04F
FG Avonex FG LIQ 30MCG PFS 4PK	59627022205FG
FG PLEGRIDY 125MCG PEN INJ EA	64406001104
Firmagon 240mg w/ PFS Each	55566840301
Firmagon 80mg w/PFS EACH	55566830301

FIT Jakafi 5mg 60ct/btl EACH	50881000560F
Fludarabine 50MG 25 Vials/Case	24201023701
FLUOCINOLONE ACE OIN .025% 15G	00713022415
FLUOCINOLONE ACE OIN .025% 60G	00713022460
FLUOCINOLONE ACET CRM .01% 15G	00713022315
FLUOCINOLONE ACET CRM .01% 60G	00713022360
FLUOCINOLONE ACETONIDE 0.025	00713070915
Fluocinolone Acetonide 60GM/0.025%/CREAM	00713070960
FLUOCINONIDE CREAM 30GM 0.05%	00713066431
FLUOCINONIDE CREAM 60GM 0.05%	00713066460
FLUOCINONIDE CREAM, USP 0.05%	00713066415
FLUTICASONE PROP CRM .005% 15G	00713063115
FLUTICASONE PROP CRM .005% 30G	00713063131
FLUTICASONE PROP CRM .005% 60G	00713063160
FLUTICASONE PROP OIN .005% 15G	00713063215
FLUTICASONE PROP OIN .005% 30G	00713063231
FLUTICASONE PROP OIN .005% 60G	00713063260
Fluticasone Proplonate 15GM	00713072915
Fluticasone Proplonate 30GM	00713072931
Fluticasone Proplonate 60GM	00713072960
Folotyn 40mg Vial	72893000501
FOLOTYN VIAL 20MG EACH	48818000101
FOLOTYN VIAL 40MG EACH	48818000102
Fosaprepitant for Inj 150mg CT	71288041810
Fulvestrant Inj 250mg/5mL	71288055586
Galafold wallet pack of 14	71904010001
Galafold wallet pack of 14 PAP	71904010001PAP
GALLIPRANT 100MG 30TAB X1BOTL AM	CA5812030AM
GALLIPRANT 100MG 7TAB X1BOTL AM	CA5812007AM
GALLIPRANT 100MG 90TAB X1BOTL AM	CA5812090AM
GALLIPRANT 20MG 30TAB X1BOTL AM	CA5810030AM
GALLIPRANT 20MG 7TAB X1BOTL AM	CA5810007AM
GALLIPRANT 20MG 90TAB X1BOTL AM	CA5810090AM
GALLIPRANT 60MG 30TAB X1BOTL AM	CA5811030AM
GALLIPRANT 60MG 7TAB X1BOTL AM	CA5811007AM
GALLIPRANT 60MG 90TAB X1BOTL AM	CA5811090AM
Galliprant Sampling Kit Each	MX101390X
gammaCore Sapphire 31 Day Voucher	1001640302V
Gammaked 10% 100ml Inj vial EA	76125090010
Gammaked 10% 200mL	76125090020
Gammaked 10% 50mL	76125090050
Ganirelix Acetate Inj 250MCG	55566100001
GATTEX 30 Ct Drug 5mg Vial CTN	68875010102
GATTEX 30 Ct Drug 5mg Vial CTN ITL	68875010102ITL*
Gattex 30Ct Drug 5MG Samp Ctn	68875010102NH*
Gelclair 90 15ML CTN/90	89141045603
Gelclair Oral Bioadherent Gel	89141045602
GelX Oral Gel 15ML CTN/90	27505001290
Gemcitabine for Inj 1g	71288011450
Gemcitabine for Inj 200mg	71288011310
GENTAMICIN SULF OINT 0.1% 15GA	00713068215
GENTAMICIN SULF OINT 0.1% 30GA	00713068231
GENTAMICIN SULFATE CRM .1% 15G	00713068315
GENTAMICIN SULFATE CRM .1% 30G	00713068331

Giapreza Injection 1ML 2.5MG	68547050102
Giapreza Warranty Program Each	68547050102RP
Giapreza Wastage Program Inj 1ML 2.5MG	68547050102WST
Glycopyrrolate Inj 0.2mg/1mL	71288040703
Glycopyrrolate Inj 0.4mg/2mL	71288040704
Glycopyrrolate Inj 4mg/20mL	71288040821
HALOBETASOL PROP CRM .05% 15G	00713064015
HALOBETASOL PROP CRM .05% 50G	00713064086
HALOBETASOL PROP OIN .05% 15G	00713033915
HALOBETASOL PROP OIN .05% 15G	00713075815
HALOBETASOL PROP OIN .05% 50G	00713033986
HALOBETASOL PROP OIN .05% 50G	00713075886
Hemady 20mg 100 Bottle COUNT	72893001506
Hemady 20mg 24 Bottle COUNT	72893001524
HEPARIN 1000 U/ML MDV25X30ML	63323054036
Heparin 1000U/ML MDV 10X30ML	00069013703
Heparin 5M 1x25 MDV	00069005901
HEPARIN SOD 5000 UN-ML MDV 25X10 ML	63323004710
Heparin Sodium Inj 1000 units 1mL	71288040202
Heparin Sodium Inj 1000 units 1mL PremierProRx	71288041996
Heparin Sodium Inj 10000 units 10mL	71288040211
Heparin Sodium Inj 10000 units 10mL PremierProRx	71288042096
Heparin Sodium Inj 10000 units 1mL	71288040402
Heparin Sodium Inj 10000 units 1mL PremierProRx	71288042496
Heparin Sodium Inj 2000 units 2mL	71288040003
Heparin Sodium Inj 20000 units 1mL	71288040102
Heparin Sodium Inj 30000 units 30mL	71288040231
Heparin Sodium Inj 30000 units 30mL PremierProRx	71288042196
Heparin Sodium Inj 40000 units 4mL	71288040405
Heparin Sodium Inj 5000 units 1mL	71288040302
Heparin Sodium Inj 5000 units 1mL PremierProRx	71288042296
Heparin Sodium Inj 50000 units 10mL	71288040311
HEPLISAV 20MCG/0.5ML PFS CTN5	43528000305
Heplisav-B	43528000305B
HYDROCORT ACET SUPP 25MG 100CT	00713050301
HYDROCORT ACET SUPP 25MG 12CT	00713050312
HYDROCORT ACET SUPP 25MG 24CT	00713050324
HYDROCORTISONE VAL CRM .2% 15G	00713066815
HYDROCORTISONE VAL CRM .2% 45G	00713066837
HYDROCORTISONE VAL CRM .2% 60G	00713066860
HYDROCORTISONE VAL OIN .2% 15G	00713066915
HYDROCORTISONE VAL OIN .2% 45G	00713066937
HYDROCORTISONE VAL OIN .2% 60G	00713066960
Hydrus Microstent F00022 US EA	F00022
HYLENEX RECOMBINANT 4PK 150USP	18657011704
IBS for Plasma Processing Set	INT3130B
IBS for Platelets DS Set Each	INT2530B
IBS for Platelets LV Set Each	INT2230B
IBS for Platelets SV Set Each	INT2130B
IBS for RBC Filter Set	CLX4110B
IBS for RBC M1 Processing Set	CLX4110E
Icatibant Inj 30mg/3mL CTN/3	24201020703
Icatibant Inj 30mg/3mL 1PFS Ea	24201020701
Iclusig 10MG 30CT BTL	63020053630

Iclusig 15MG 30Ct BTL	63020053530
Iclusig 30MG 30CT BTL	63020053330
Iclusig 45MG 30Ct BTL	63020053430
IDKit HP ONE for BID Hp Each	50402010013
IDKit HP ONE Sample Pack Each	50402010012
IDKit HP TWO 5 PACK 75MG CTN/5	50402010014
IIS PreClinical Vials USA	IIS PRECLINICAL VIALS USA 1142
Illuminator 60 Hz Each	INT100
Iluvien Implant .190MG Each	68611019002
Iluvien Implant .190MG Pap EA	68611019002P
INFASURF 3ML EACH	61938045603
INFASURF 6ML EACH	61938045606
Ingrezza 40/80mg Gen 2 (28ct)	70370204806
Ingrezza 40mg 30 Count (Gen 2)	70370204001
Ingrezza 80MG 30 Caps Each	70370108001
Ingrezza 80MG Caps in Bulk DRM	BULK INGREZZA CAPSULES
INQOVI 35MG / 100MG Tablets 5 CNT PAP	64842072709PA
INQOVI 35MG / 100MG Tablets 5 COUNT	64842072709
INTERCEP PLUS PUPPY 2.3/22.8MG X5EA AM	CA5440005AM
INTERCEP PLUS PUPPY 5.75/57MG X5EA AM	CA5444005AM
INTERCEPTOR PLUS 11.5 X30BLCD	CA544669VAM
INTERCEPTOR PLUS 11.5/114MG 5CNX12BCD AM	CA544685WAM
INTERCEPTOR PLUS 2.3 X30BLCD	CA544069VAM
INTERCEPTOR PLUS 2.3/22.8MG 5CNX12BCD AM	CA544085WAM
INTERCEPTOR PLUS 23 X30BLCD	CA544869VAM
INTERCEPTOR PLUS 23/228MG 5CNX12BCD AM	CA544885WAM
INTERCEPTOR PLUS 5.7 X30BLCD	CA544469VAM
INTERCEPTOR PLUS 5.75/57MG 5CNX12BCD AM	CA544485WAM
INTERCEPTOR PLUS PUPPY COMBO	CA544901TAM
INTERCEPTOR TAB 11.5MG 10CRTN X6BLCD AM	CA4855Y07AM
INTERCEPTOR TAB 2.3MG AM 10 Pack	CA4865Y07AM
Intrarosa-Clinical Trial Only	64011060128CT
INVELTYS 2.8 mL Sterile EA	7157112128
Inveltys Samp 2.8ML Sterile EA	71571012120
INVOCELL CULTURE SYSTEM CASE	55566410501
Irinotecan HCL Inj 100MG/5MLEa	50742040205
Irinotecan HCL Inj 40MG/2ML Ea	50742040102
Isosorbide Tabs 120mg, 100ctEa	50742017701
Isosorbide Tabs 30mg, 100ct Ea	50742017501
Isosorbide Tabs 30mg, 500ct Ea	50742017505
Isosorbide Tabs 60mg, 100ct Ea	50742017601
Isosorbide Tabs 60mg, 500ct Ea	50742017605
ITRAFUNGOL SOLN 10MG/ML 52ML X	CA079652HAM
IV solution stabilizer for Lumoxiti TM	73380471509
Jakafi 10mg 60ct/bottle EACH	50881001060
Jakafi 15mg 60ct/bottle EACH	50881001560
Jakafi 20mg 60ct/bottle EACH	50881002060
Jakafi 25mg 60ct/bottle EACH	50881002560
jakafi 5mg 60ct/bottle EACH	50881000560
Kalbitor 30mg 3VL/CTN	47783010101
KALYDECO 150mg TAB 56CT	51167020001
KALYDECO 25mg GRAN 56CT	51167060001
KALYDECO 50mg GRAN 56CT	51167030001
KALYDECO 75mg GRAN 56CT	51167040001

KALYDECO FG 150mg TAB 56CT	51167020001FG
KALYDECO FG 25mg GRAN 56CT	51167060001FG
KALYDECO FG 50mg GRAN 56CT	51167030001FG
KALYDECO FG 75mg GRAN 56CT	51167040001FG
KEDRAB 10ML Each	76125015010
KEDRAB 2ML Each	76125015002
KHAPZORY 175 mg/vial	68152011201
KHAPZORY 300 mg/Vial	68152011401
Koate 1120 IU Each	0676-1120
Koate 250U 240IU	0256-240IU
Koate 260 IU CTN	0256-260 IU
Koate 520 IU Each	0668-520 IU
Koate 540 IU	0668-540IU
Koate 870 IU Each	0676-870 IU
Koate 930 IU	0676-930IU
Koate 940 IU Each	0676-940 IU
KPT-9274 5mg 50ct bottle Each	KPT-9274 5MG
Lamotrigine Blue Starter Kit	69102063909
Lamotrigine Green Starter Kit	69102035911
Lamotrigine Orange Starter Kit	69102013710
Latuda 120mg(30 Count Bottle)	63402031230
Latuda 20mg Tablet 30 Ct Btl	63402030230
Latuda 60mg Tablet 30ct EACH	63402030630
Latuda PAP 40mg 30ct Btl EACH	63402030430
Latuda PAP 80mg 30ct Btl EACH	63402030830
Leflunomide 10mg Tabs, 30Ct Bottle	00955173530
Leflunomide 20mg Tabs, 30Ct Bottle	00955173730
Leucovorin Ca Tabs USP, 10mg, 12ct	50742018212
Leucovorin Ca Tabs USP, 10mg, 24ct	50742018224
Leucovorin Ca Tabs USP, 15mg, 24ct	50742018324
Leucovorin Ca Tabs USP, 25mg, 25ct	50742018425
Leucovorin Ca Tabs USP, 5mg, 100ct	50742018101
Leucovorin Ca Tabs USP, 5mg, 30ct	50742018130
Leukine 250mcgX1 CTN/5	71837584305
Leukine 250mcgX1 CTN/5	00024584305
Leva Android Pelvic Health	LEVA-01 ANDROID
Leva iOS Pelvic Digital Health	LEVA-01 IOS
Levoleucovorin for Inj 50mg	71288010410
Levoleucovorin Inj 175mg/17.5ml	50742049417
Levoleucovorin Inj 175mg/17.5mL	71288010518
Levoleucovorin Inj 250mg/25ml	50742049525
Libtayo 350MG/7ML Vial Each	61755000801
Libtayo 350MG/7ML Vial PAP EA	61755000801P
Lonsurf 15MG 20ct Tablets Each	64842102501
Lonsurf 15MG 20ct Tablets Each	64842102501PA
Lonsurf 15MG 40ct Tablets Each	64842102502
Lonsurf 15MG 60ct Tablets Each	64842102503
Lonsurf 20MG 20ct Tablets Each	64842102001
Lonsurf 20MG 20ct Tablets Each	64842102001PA
Lonsurf 20MG 40ct Tablets Each	64842102002
Lonsurf 20MG 60ct Tablets Each	64842102003
LUCEMYRA Tablets 36ct Each	78670005036
LUCEMYRA Tablets 96ct Each	78670005096
LUCEMYRA(lofexidine)36ct EACH	27505005036

LUCEMYRA(lofexidine)96ct EACH	27505005096
Lumoxiti	73380470001
Makena 5ML-Clinical Trial Only	64011024301CLT
Makena AI 1.1mL-ClinTrialOnly	64011030103CLT
Makena Auto Inject 275MG/1.1ML	64011030103
Marqibo Kit	72893000803
Matulane 50MG 100 Caps Each	54482005401
Melphalan HCl for Inj 50mg CTN/2	71288011290
Menopur 75 IU Q-Cap Pk/5	55566750102
Mepseviii 2mg/mL 5mL Each	69794000101
Mesalamine 1000mg CTN/30	69918056030
Metformin ER Tabs 1000mg 60ct	50742063460
Metformin ER Tabs 500mg 60ct	50742063360
Metformin Hydrochloride Tablet	42385090210
Metformin Hydrochloride Tablet	42385090410
Methenamine Hippurate Tabs 1g 100ct	50742014201
Methocarbamol Inj 1000mg/10mL	71288071610
Metoprolol ER Tabs 100MG 100Ct	50742061701
Metoprolol ER Tabs 100MG 500Ct	50742061705
Metoprolol ER Tabs 100MG1000Ct	50742061710
Metoprolol ER Tabs 200MG 100Ct	50742061801
Metoprolol ER Tabs 25MG 1000Ct	50742061510
Metoprolol ER Tabs 25MG 100Ct	50742061501
Metoprolol ER Tabs 25MG 500Ct	50742061505
Metoprolol ER Tabs 50MG 1000Ct	50742061610
Metoprolol ER Tabs 50MG 100Ct	50742061601
Metoprolol ER Tabs 50MG 500Ct	50742061605
Metronidazole Crm 0.75% 45GM	00713063337
METRONIDAZOLE CRM 0.75% 45GM	00713075737
Metronidazole Gel 0.75% 45GM	00713063737
MicRhoGAM UF Plus 50 MCG 5/PK	00562780605
MicRhoGAM UF Plus 50 MCG EACH	00562780601
Mifeprex 200MG Tab Each	64875000101
Mifepristone API KG	84371653
Milrinone Lactate Inj 10mg/10mL	71288020011
Milrinone Lactate Inj 20mg/20mL	71288020021
Milrinone Lactate Inj 50mg/50mL	71288020050
Minocycline HCL ER 135mg	72143022330
Minocycline HCL ER 45mg	72143022130
Minocycline HCL ER 90mg	72143022230
Minolira 105MG Tabs 30Ct Each	71403010130
Minolira 135MG Tabs 30Ct Each	71403010230
MIRCERA 30MCG/0.3ML Each	59353040009
Mircera 100MCG/0.3ML Syrng CTN	13214
MIRCERA 150MCG/0.3ML Each	59353040409
Mircera 200MCG/0.3ML Syrng CTN	59353040509
Mircera 50MCG/0.3ML Syrng CTN	59353040109
Mircera 75MCG/0.3ML Syrng CTN	59353040209
Mometason Furoate Cream 45GM	00713072637
MOMETASONE FUR SOL .1% 30ML EA	00713070185
MOMETASONE FUR SOL .1% 60ML EA	00713070153
MOMETASONE FUROATE CRM .1% 15G	00713063415
MOMETASONE FUROATE CRM .1% 15G	0713072615
MOMETASONE FUROATE CRM .1% 45G	00713063437

MOMETASONE FUROATE OIN .1% 15G	00713063515
MOMETASONE FUROATE OIN .1% 45G	00713063537
Mometasone Furoate Oint 45GM	00713072737
MOMETASONE FUROATE Oint.1% 15G	0713072715
MONJUVI TAFASITAMAB 200MG VIAL	73535020801
MuGard 5ML Oral 8oz Bottle Ea	89109010801
MuGard Oral 5ML Liq 8oz Ea PAP	89109010801PAP
MuGard Sample 8oz Liquid Each	89109010800S
MuGard Sample 8oz Liquid Each	89109010800SA
Nadolol Tabs 80MG 100 Ct Each	50742018001
Naloxone HCL Inj .4MG/ML Each	00409121501
Natpara 100MCG/Dose Drug Pack	68875020502
Natpara 25MCG/Dose Drug Pack	68875020202
Natpara Mixing Device Each	68875025001
Nerlynx 40mg Qck Start 126 btl	70437024026
NERLYNX 40MG TABLETS 180CT BTL	70437024018
NFS Galafold Wallet Pack of 14	COMP0100-01
Nifed ER Tab ProcXL 30mg 300ct	50742026003
Nifed ER Tab ProcXL 60mg 300ct	50742026103
Nifedipine ER 30MG Tabs 100Ct	50742062001
Nifedipine ER 60MG Tabs 100Ct	50742062101
Nifedipine ER 90MG Tabs 100Ct	50742062201
Nifedipine Tab(ProXL) 30mg 100	50742026001
Nifedipine Tab(ProXL) 60mg 100	50742026101
Nifedipine Tab(ProXL) 90mg 100	50742026201
Ninlaro 2.3MG Caps CTN/3	63020023002
Ninlaro 2.3MG Single Cap Each	63020023001
Ninlaro 3.0MG Caps CTN/3	63020039002
Ninlaro 3.0MG Single Cap Each	63020007901
Ninlaro 4.0MG Caps CTN/3	63020040002
Ninlaro 4.0MG Single Cap Each	63020008001
Nitrocellulose Membrane-CN95	200220
Nitro-Dur Patches 0.1mg/hr 30c	50742051330
Nitro-Dur Patches 0.2mg/hr 30c	50742051430
Nitro-Dur Patches 0.3mg/hr 30c	50742051530
Nitro-Dur Patches 0.4mg/hr 30c	50742051630
Nitro-Dur Patches 0.6mg/hr 30c	50742051730
Nitro-Dur Patches 0.8mg/hr 30c	50742051830
Nocdurna 27.7MCG Tabs Each	55566505001
Nocdurna 27.7MCG Tabs Smpl EA	55566505003
Nocdurna 55.3MCG Tabs Each	55566507001
Nocdurna 55.3MCG Tabs Smpl EA	55566507003
NOCITA 10mL 4 Vial Suspension	CA553110HAM
NOCITA 20ML 1DoseX1VIAL AM CTN	CA553120HAM
NOCITA 20ML 1DOSEX4VIAL AMAP	CA553120HAMAP
Novarel 5000 USP Kit CTN	55566150201
Nuplazid 10MG 30Ct Tabs Each	63090010030
NUPLAZID 34MG 30CT CAPS EACH	63090034030
Nuzyra 100MG 10X Vials CTN	71715000102
Nuzyra 30 Count 150 mg (omadacycline) tablets	71715000227
Nuzyra 6 Ct 150mg Tabs Blister	71715000221
NYSTATIN CRM 100000U/GM 15G EA	00713067815
NYSTATIN CRM 100000U/GM 30G EA	00713067831
NYSTATIN OINTMENT USP 15G EA	0713068615

NYSTATIN OINTMENT USP 30G EA	0713068631
Ocaliva 10MG 30 Tab CT Each	69516001030
Ocaliva 5MG 30 Tab CT Each	69516000530
OFIRMEV 100ML Injection CS/24	43825010201
Ongentys 25mg 30Ct	70370302502
Ongentys 30ct Bottle	70370305002
ONSIOR 40MG X60BLCD AM	CA4890060AM
ONSIOR 6MG X30BLCD AM	CA4875030AM
Onzetra Xsail	42847031108
ORKAMBI 100mg/125mg GRAN 56CT	51167090001
ORKAMBI 100mg/125mg TAB 112CT	51167070002
ORKAMBI 150mg/188mg GRAN 56CT	51167050002
ORKAMBI 200mg/125mg TAB 112CT	51167080901
ORKAMBI FG 100mg/125mg GRAN 56CT	51167090001FG
ORKAMBI FG 100mg/125mg TAB 112CT	51167070002FG
ORKAMBI FG 150mg/188mg GRAN 56CT	51167050002FG
ORKAMBI FG 200mg/125mg TAB 112CT	51167080901FG
Ortikos 6 mg Trade 30 Caps Ea	55566100201
ORTIKOS 9 mg Sample 30's Each	55566103001
ORTIKOS 9 mg Trade 30 Caps Ea	55566102001
Otiprio 60MG Sample Vial Each	69251020102
Otiprio 60MG Vial Each	69251020101
Otiprio Product Replacement Ea	69251020101REP
Oxaliplatin Inj 100mg/20mL	71288010120
Oxaliplatin Inj 100mg/20ml, 20	50742040620
Oxaliplatin Inj 50mg/10mL	71288010110
Oxaliplatin Inj 50mg/10ml, 10m	50742040510
Oxbryta 500mg Tablets 24 BT/CS	72786010101
Oxervate Weekly Box 7 20MCG/ML	71981002007
Oxervate Weekly Box 7 20MCG/ML PAP	71981002007PAP
Oxervate Weekly Device Kit	71981000101
Oxtellar XR 150MG 100CT/BTL EA	17772012101
Oxtellar XR 150MG 100CT/BTL EA	17772012101RE
Oxtellar XR 300MG 100CT/BTL EA	17772012201
Oxtellar XR 600MG 100CT/BTL EA	17772012301
Oxtellar XR 600MG 100Ct/BTL EA	17772012301RE
PADCEV 20 MG	51144002001
PADCEV 20 MG PAP Each	51144002001PAP
PADCEV 30 MG	5114403001
Palforzia Dose Escalation Pack 12 mg	71881010345
Palforzia Dose Escalation Pack 120 mg	71881010730
Palforzia Dose Escalation Pack 160 mg	71881010860
Palforzia Dose Escalation Pack 20 mg	71881010415
Palforzia Dose Escalation Pack 200 mg	71881010930
Palforzia Dose Escalation Pack 240 mg	71881011060
Palforzia Dose Escalation Pack 3 mg	71881010145
Palforzia Dose Escalation Pack 300 mg 15CT Sachets	71881011115
Palforzia Dose Escalation Pack 40 mg	71881010530
Palforzia Dose Escalation Pack 6 mg	71881010290
Palforzia Dose Escalation Pack 80 mg	71881010660
Palforzia Initial Dose Escalation Card	71881011313
Palforzia Maintenance Dose 300 mg 30CT Sachets	71881011130
Palonosetron HCL Inj. 0.25 mg/5 mL, 5 mL	50742048505
PAP Adcetris 50mg/vial EACH	51144005001P

PAP Jakafi 10mg 60CT/BTL EACH	5088101060P
PAP Jakafi 15mg 60CT/BTL EACH	5088101560P
PAP Jakafi 20mg 60CT/BTL EACH	5088102060P
PAP Jakafi 25mg 60CT/BTL EACH	5088102560P
PAP Jakafi 5mg 60CT/BTL EACH	5088100560P
PAP Pemazyre 13.5mg 14ct/bottl	50881002801P
PAP Pemazyre 9.0mg 14ct/bottle	50881002701P
PAP Tibsovo 250MG Tabs 60Ct Ea	71334010001PAP
Parsabiv 10MG/2ML SCV 10x 2ML	555130074210
Parsabiv 2.5MG/0.5ML SDV 10x .5ML	555130074010
Parsabiv 5MG/ML SDV 10x 1ML	555130074110
Pemazyre 13.5mg 14ct/bottle Ea	50881002801
Pemazyre 4.5mg 14ct/bottle Ea	50881002601
Pemazyre 9.0mg 14ct/bottle Ea	50881002701
PERCORTEN-V INJ X1VIAL AM	CA5320001AM
PERIOGARD 16OZ RINSE CASE	00126003516
PERIOGARD AF 16OZ RINSE	US06536A
Perseris(Risperidone)Inj 90MG	12496009001
Perseris(Risperidone)Inj 120MG	12496012001
Phenylephrine HCl Inj 100mg/10mL	71288080877
Phenylephrine HCl Inj 10mg/1mL	71288080702
Phenylephrine HCl Inj 50mg/5mL	71288080876
Photofrin 75MG EA	76128015575
Photofrin 75MG Unlabeled EA	76128015575U
Photofrin IIS Clinical Vials	76128015575IIS
Piperacillin and Tazobactam for Inj 2.25g	71288000231
Piperacillin and Tazobactam for Inj 3.375g	71288000331
Piperacillin and Tazobactam for Inj 4.5g	71288000451
Plegridy 125MCG Pen Kit 2PK	64406001101
Plegridy 125MCG PFS Kit 2PK	64406001501
Plegridy Pen Titration Kit 2PK	64406001201
Plegridy PFS Titration Kit 2PK	64406001601
PLEGRIDY SOL 125MCG PFS IM 2PK BOX USA	64406001701
Pralsetinib 100mg, 60ct bottle	72064021060
Pralsetinib 100mg, 90ct bottle	72064021090
PRALUENT 150MG/1ML INJ PFP	72733590202
PRALUENT 150MG/1ML INJ2PFP REP	72733590202RE
PRALUENT 75MG/1ML INJ PFP	72733590102
PRALUENT 75MG/1ML INJ2PFP REP	72733590102RE
PREVIDENT 5000 PLUS HF 1.8OZ F	0126028666
PREVIDENT 5000 PLUS HF 1.8OZ S	US05332A
PREVIDENT 5000 SENSITIVE HF 3.	US05327A
PREVIDENT BOOSTER HF 3.4Z FRUI	US05324A
PREVIDENT BOOSTER HF 3.4Z SPEA	US05326A
PREVIDENT DRY MOUTH HF 3.4OZ	US05321A
PREVIDENT ENAMEL PROTECT HF PA	US05323A
PREVIDENT GEL HF GEL 2OZ BERRY	00126028802
PREVIDENT GEL HF GEL 2OZ MINT	US05331A
PREVIDENT ORTHO DEFENSE HF 3.4	US05744A
PreviDent Rinse Case	00126003316
Prevident Varnish of Grape CS	733093
PREVIDENT VARNISH OF MINT 50S	733096
PREVIDENT VARNISH OF RASPBERRY	733098
PRINTED ARTWORK DEMO FILM	IND01581

PROB. COL. TABS 0.5-500MG 100C	50742026301
PROCHLORPERAZ SUPP 25MG 1000CT	00713013510
PROCHLORPERAZ SUPP 25MG 12CT	00713013512
Proleukin 1.3MG	7631002201
Promethazine Supp 12.5MG 12Ct	00713053612
Promethazine Supp 25MG 12Ct Ea	00713052612
PROMETHAZINE SUPP 50MG 12CT	00713013212
QINLOCK 90CT 50MG TAB	73207010130
QUETIAPINE ER TABS 150MG 60CT	50742063660
QUETIAPINE ER TABS 200MG 60CT	50742063760
QUETIAPINE ER TABS 300MG 60CT	50742063860
QUETIAPINE ER TABS 400MG 60CT	50742063960
QUETIAPINE ER TABS 50MG 60CT	50742063560
Quinine Caps 324mg, 30ct EACH	50742023830
Quzyttir 10MG/ML 1 VIAL Each	70720010010
Quzyttir 10MG/ML 1X25VL Tray	70720010025
RabAvert-Rabies Vaccine 1ML Ea	58160096412
Retacrit 10000/1mL 10vials/CTN	59353001010
Retacrit 2000/1mL 10vials/ctn	59353000210
Retacrit 20000 IU MDV 10X1ML US	59353012010
Retacrit 3000/1mL 10vials/CTN	59353000310
Retacrit 4000/1mL 10vials/CTN	59353000410
Revcovi Inject 2.4MG/1.5ML VL	57665000201
REVONTO CTN	27505000367F
REVONTO CTN	27505000367
Rhofade 1% Cream 30g	7140300330
RhoGAM UF Plus 300 MCG 25/PK	00562780525
RhoGAM UF Plus 300 MCG 5/PK	00562780505
RhoGAM UF Plus 300 MCG EACH	00562780501
Ribavirin API KG	17204924721
Roweepra 500mg IR 120CT Each	69102010501
Ryanodex(Dantrolene)250MG VL	42367054032
SAM CREDELIO TAB 112.5MG 1 CRTN	CA5458016AMF1
SAM CREDELIO TAB 225MG 1CRTN	CA5456016AMF1
SAM CREDELIO TAB 56.25MG 1 CRTN	CA5452016AMF1
Sample Gelclair Oral Bio CTN	89141045601S
Sample PB210 1cm Diffuser	SAPB210
Sample PB215 1.5cm Diffuser	SAPB215
Sample PB220 2.0cm Diffuser	SAPB220
Sample PB225 2.5cm Diffuser	SAPB225
Sample PB250 5.0cm Diffuser	SAPB250
Sample PB710 1cm Diffuser	SAPB710
Sample PB725 2.5 cm Diffuser	SAPB725
SAMPLE PB750 5.0CM DIFFUSER EACH	SA-PB750
Scopolamine TD Patch 1mg, 10ct	50742050510
Scopolamine TD Patch 1mg, 24ct	50742050524
Scopolamine TD Patch 1mg, 4ct	50742050504
Selinexor-8ct Brite Shell Pk Clinical	62003188
Siklos 100 mg Scored Tabs EA	71770010560
SIKLOS 1000mg BTL EACH	71770120
SIKLOS 100mg 60ct BTL EACH	71770100
Silenor 3MG 30CT TABS EACH	42847010330
Silenor 6MG 30CT TABS EACH	42847010630
Sitavig 50MG 2 Blstr Pack CTN	71403004902

Sodium Bicarbonate Inject Each	00409663734
Sodium Fluoride 5000 Plus Each	60258015001
Sodium Nitroprusside Inj 50mg/2mL	71288020202
Sodium Phenylbutyrate Powder 250g	42794008614
Sodium Tetradecyl Sulfate 3%	24201020105
SOLU-MEDROL 125mg AOV PF Each	00009004725
Sterile Water For Inject Each	63323018505
Subvenite 100MG 100Ct Tabs EA	69102031901
Subvenite 150MG 100Ct Tabs EA	69102015006
Subvenite 200MG 100Ct Tabs EA	69102032001
Subvenite 25MG 100Ct Tabs Each	69102030101
Subvenite Blue Starter Kit	69102030601
Subvenite Green Starter Kit	69102031201
Subvenite Orange Starter Kit	69102030001
Succinyl Cl Vial CTN/25 ProRx	69918070026
Succinylcholine Cl Vial CTN/10	69918070010
Succinylcholine Cl Vial CTN/25	69918070025
Sulconazole Nitrate Cream Each	72143031160
Sulconazole Nitrate Solution Each	72143032130
Sumatriptan/Naproxen Tablets	44183085009
SUROLAN DROPS 23MG/ML 15ML X1BOTL AM	CA081315HAM
SUROLAN DROPS 23MG/ML 30ML X1BOTL AM	CA081330HAM
Sustol Gran Inj Kit Replace EA	47426010106RE
Sustol Gran Injection Kit Pap	47426010106P
Sustol Gran Injection Kit Each	47426010106
SYMDEKO 100mg/150mg and 150mg TAB 56CT	51167066101
SYMDEKO 50mg/75mg and 75mg TAB 56CT	51167011301
SYMDEKO FG 100mg/150mg and 150mg TAB 56CT	51167066101FG
SYMDEKO FG 50mg/75mg and 75mg TAB 56CT	51167011301FG
SYMJEPI Injection 0.15 mg PK/2	78670013102
SYMJEPI Injection 0.3MG PK/2	78670013002
Synera Topical Patch CTN/10	43469086410S
Synera TopicalPatch70MG CTN/10	10885000210
Takhzyro 300 MG Vial	47783064401
TANOVEA CA1 3ML X10VIAL AM	CA5760010AM
TANOVEA CA1 3ML X4VIAL AM	CA5760004AM
Targadox 50MG 5Ct Tabs Samp EA	69489011105
Targadox 50MG 60Ct Tabs Each	69489011160
TAZAROTENE CREAM 0.1% 30GM	00713076431
TAZAROTENE CREAM 0.1% 60GM	00713076460
Tazarotene Crm 0.1% 30GM Each	00713067031
Tazarotene Crm 0.1% 60GM Each	00713067060
Tazverik 200mg Tablets Each	72607010000
Tegsedi	72126000701
Tegsedi - Brazil CTN	5391528830657
Telotristat Etiprate API Drum	TE API
TEMP 1ML Syringe Each	VA0013K
Temp 1XBTL Adaptor CS/3000	T2059/1-540-0250
TEMP 5ml Syringe	VA0007
Terconazole Supp 80MG 3Ct Each	00713055273
Test Sample Ambient RX Each	99999999911
Tibsovo 250MG Tabs 60Ct Each	71334010001
Tizanidine HCl Caps 2mg 150ct	50742022415
Tizanidine HCl Caps 4mg 150ct	50742022515

Tizanidine HCl Caps 6mg 150ct	50742022615
Tolcapone Tabs 100MG,90Ct Each	50742019390
Totect-Clinigen	7631011001
Tranexamic Acid 650mg Tabs30CT	69918030130
TRELSTAR 11.25 mg with MIXJECT SINGLE DOSE DELIVER	74676590401
TRELSTAR 22.5 mg with MIXJECT	74676590601
TRELSTAR 3.75 MG WITH MIXJECT	74676590201
Treximet 85mg/500mg Tablet Ea	42847085009
TRIAM ACET DENT PASTE .1% 5G	00713065540
TRIAMCINOLONE AC OIN .025% 15G	00713022915
TRIAMCINOLONE AC OIN .025% 80G	00713022980
TRIAMCINOLONE ACE CR .025% 15G	00713022615
TRIAMCINOLONE ACE CR .025% 80G	00713022680
TRIAMCINOLONE ACET CR .1% 15G	00713022515
TRIAMCINOLONE ACET CR .1% 30G	00713022531
TRIAMCINOLONE ACET CR .1% 80G	00713022580
TRIAMCINOLONE ACET OIN .1% 15G	00713022815
TRIAMCINOLONE ACET OIN .1% 80G	00713022880
TRIAMCINOLONE ACETONIDE 0.1% DENTAL PASTE	00713076640
Triamcinolone Lotion 0.1% 2oz	00713067653
Triferic 272MG Pwdr 100PK CTN	57278031502
Triferic 272MG Sam Pwdr 100PK	57278031502S
Triferic 5ML 40 VIAL CTN	57278031402
Triferic 5ML SAMPLE CTN	57278031402S
Triferic AVNU CTN	57278031802
Triferic AVNU PV Bulk	57278031801BK
Triferic AVNU PV CTN	57278031802PV
Triferic AVNU Sample CTN	57278031802SA
Trifexis Puppy Combo Pk AM	CA439001TAM
TRIFEXIS PUPPY KIT TAB 140/2.3MG X5EA AM	CA4332005AM
TRIFEXIS PUPPY KIT TAB 270/4.5MG X5EA AM	CA4333005AM
TRIFEXIS TAB 140/2.3MG X60BLCD AM	CA4332Y07AM
TRIFEXIS TAB 1620/27MG X60BLCD AM	CA4336Y07AM
TRIFEXIS TAB 270/4.5MG X60BLCD AM	CA4333Y07AM
TRIFEXIS TAB 560/9.3MG X60BLCD AM	CA4334Y07AM
TRIFEXIS TAB 810/13.5MG X60BLCD AM	CA4335Y07AM
TRIKAFTA 100mg/50mg/75mg and 150mg TAB 84CT	51167033101
TRIKAFTA FG 100mg/50mg/75mg and 150mg TAB 84CT	51167033101FG
Trodelvy 180MG Vial Each	55135013201
Trodelvy 180MG Vial Rplcmnt EA	55135013201REP
Trodelvy for Clinical Use 180MG VIAL EACH	55135013201STY
Trodelvy PAP 180MG VIAL EACH	55135013201P
Trokendi XR 100MG 100ct Btl EA	17772010301
Trokendi XR 100MG 30Ct Btl EA	17772010330
Trokendi XR 200MG 100ct Btl EA	17772010401
Trokendi XR 200MG 30Ct Btl EA	17772010430
Trokendi XR 25MG 100ct Btl EA	17772010101
Trokendi XR 25MG 30Ct Btl Ea	17772010130
Trokendi XR 50MG 100ct Btl EA	17772010201
Trokendi XR 50MG 30Ct Btl EA	17772010230
TUKYSA 150mg 60ct Tabs PAP/Q	51144000260P
TUKYSA Tablets 150mg 120Tab	51144000212
TUKYSA Tablets 150mg 60Tabs	51144000260
TUKYSA Tablets 50mg 60Tabs	51144000160

Tymlos 80MCG Inject Pap CTN	70539000102P
Tymlos 80MCG Injection CTN	70539000102
TYMLOS(ABALOPARATIDE)INJECT 1X3120MCG/1.56ML PEN,	70539000198
Uplizna 10mg/mL Vials 3s	72677055101
Uplizna 10mg/mL Vials 3s PAP	72677055101P
UrgoCell Ag/Silver Foam 4x4	509345
UrgoCell Ag/Silver Foam 6x8	509346
UrgoTul Ag/Silver Contact Layer 4x5	509341
UrgoTul Ag/Silver Contact Layer 6x8	509342
UrgoTul Ag/Silver Contact Layer 8x16	190769532284
Valchlor(Mechlorethamine)Gel	69639012001
Valrubicin Intravesical Solution, USP, 200 mg/5mL	24201010104
Vaqta 25U/0.5ML 1 Dose Vial UNL	2002086
VARITHENA 18ML/INJ Each	FP00019
Varithena 7.75 ml Demo Each	FP00023DS
Varithena Demo Universal Admin	FP00024DS
Varithena Demo Wet 18ML/INJ EA	60635011801DS
Varubi 2X90mg Tabs Each	70720010102
Varubi Samples	7072010102SAM
Vashe 118ML Solution Btl CS24	851383003122
Vashe 250ML Instillation CS12	851383003160
Vashe 250ML Solution Btl CS12	851383003139
Vashe 34oz Instillation CS6	851383003238
Vashe 34oz Solution Bottle CS6	851383003221
Vashe 475ML Instillation CS12	851383003177
Vashe 475ML Solution Btl CS12	851383003146
Vecamyl 2.5MG 100ct Btl	69413055840
Vistogard Full Crse 10G CTN/20	69468015120
Vivitrol 380MG Vial Inject EA	65757030001
Voraxaze 1000u Vial Ctn	50633021011
Vyleesi 1.75mg 4 pack	64011070104
Vyondys 53 Golodirsen 2ML CTN	60923046502
Vyondys 53 Golodirsen 2ML PAP CTN	60923046502P
Water For Inject EACH ITL	63323018505ITL*
Xadago 100MG 30 Ct Tabs Each	27505011130
Xadago 50MG 30 Ct Tabs Each	27505011030
Xaracoll-10 Dose 100MG CTN	51715010010
Xaracoll-4 Dose 100MG CTN	51715010004
Xermelo 28 Day Pack CTN	70183012585
Xermelo 28Day CARTON IIS	70183012584IIS
Xermelo 3 Tablet Day Packs	70183012584
Ximino 135mg Cap Sample Each	69489012303
Ximino 45mg Cap Sample Each	69489012103
Ximino 90mg Cap Sample Each	69489012203
Ximino ER 135mg Cap 30ct Each	69489012330
Ximino ER 45mg Cap 30ct Each	69489012130
Ximino ER 90mg Cap 30ct Each	69489012230
XPOVI0 160MG BLSTR PACKS EACH	72237010104
Xpovi0 80MG Blister Packs Each	72237010102
Xpovio 100MG Blstr Packs Each	72237010105
XPOVIO 40 mg once weekly	72237010107
XPOVIO 40mg twice weekly	72237010106
Xpovio 60MG Blister Packs Each	72237010101
XPOVIO 60mg twice weekly	72237010103

Yttrium90 Zevalin Kit EACH	72893000704
Zevalin Reaction Vial EA	150131
Zevalin Sodium Acetate Vial EA	150129
Zilretta Finished Kit US CTN	70801000301
Zilretta Finished Kit US Samp	70801000302
Zilretta Replacement Kit US Ea	70801000301RE
ZILXI Topical Foam 1.5%	72356010303
Zipsor 25 mg Caps 4 CT Sample	13913000894
Zipsor 25MG Caps 120CT Btl EA	13913000812
ZOBUXA 136MG 50TAB X1BOTL AM	CA5572050AM
ZOBUXA 22.7MG 500TAB X1BOTL AM	CA557005CAM
Zoladex 10.8MG Injectable Each	70720095130
Zoladex 3.6MG Injectable Each	70720095036
Zoledronic Acid Injection 4MG/5ML 5ML	50742041605
ZOMACTON 10MG EA	55566190101
ZOMACTON 5MG EA	55566180101
Zomacton Needle Free Vial Ea	55566190201
Zoma-Jet Needle Free Head C EA	55566290201
Zuplenz 4MG Oral Film CTN/30	89141044430
Zuplenz 8MG Oral Film CTN/30	89141044830

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: AcelRx Pharmaceuticals, Inc.

Physical Address: 25821 Industrial Boulevard, Suite 400

City: Hayward State: CA Zip: 94545

Mailing Address (if different from physical address): 25821 Industrial Boulevard, Suite 400

City: Hayward State: CA Zip: 94545

Telephone: (650) 216-3500 Website: https://www.acelrx.com/index.php

Name of Designated Representative (DR): Lana Chin

Licensing Company Email: statelicensing@acelrx.com DR Email: lchin@acelrx.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors, Military	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-S) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19428
Name: DMS Pharmaceuticals
Address: 810 Busse Hwy City: Park Ridge State: IL Zip: 60068
Name: Cardinal Health
Address: 7000 Cardinal Pl City: Dublin State: OH Zip: 43017
Name: ProPharma Group
Address: 8717 W. 110th St, Suite 300 City: Overland Park State: KS Zip: 66210

Section 4: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any):
Corporation Name: AcelRx Pharmaceuticals, Inc.
Mailing Address: 25821 Industrial Boulevard, Suite 400
City: Hayward State: CA Zip: 94545
Telephone: (650) 216-3500 Email: info@acelrx.com
Contact Person Name: Lana Chin
Date of SEC Registration: 2/10/2011 SEC Registration Number: CIK: 0001427925 Stock Exchange Symbol: ACRX

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
• List of all partners and their percent ownership.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vincent Angotti

Print Name of Authorized Person Submitting Application

Vincent J Angotti

Original signature of Authorized Person (copies or stamps not accepted)

08/19/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 13964 Processed 10/1/21

AcelRx Pharmaceuticals, Inc.

Description of Operations

AcelRx Pharmaceuticals, Inc. is a "virtual manufacturer." We are using the following contract manufacturer to produce our product, Dsuvia.

Patheon Pharmaceuticals, Inc.
2110 East Galbraith Road
Cincinnati, Ohio 45237
Contact Person: Jenni Wilburn, Project Manager
Contact Number/Fax: 513-948-7370 (office), 513-948-7076 (fax)
Email: Jennifer.Wilburn@Patheon.com
FDA Establishment No.: 1510437

Sharp Corporation dba Sharp Packaging Services
7451 Keebler Way
Allentown, PA 18106
Contact Person: Barbara Ost
Contact Number: 610-366-8748
FDA Establishment No.: 3004161147

At no time does Patheon or Sharp Corporation dba Sharp Packaging Services own the product, contract with AcelRx's customers, invoice, or sell an AcelRx product.

The aforementioned contract manufacturer will ship the finished product directly to Cardinal Health DBA Specialty Pharmaceutical Services. Cardinal Health DBA Specialty Pharmaceutical Services is our third party logistics provider. It manages the storage and distribution of our products to wholesalers as well as the order intake process. Cardinal Health DBA Specialty Pharmaceutical Services will also maintain records of AcelRX's. sales. Cardinal Health DBA Specialty Pharmaceutical Services is located at 15 Ingram Blvd, LaVergne, TN 37086.

Our hours of operation are 8:00 a.m. – 5:00 p.m. (Pacific Time), Monday through Friday.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7996

NAME: ACELRX PHARMACEUTICALS, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

25821 INDUSTRIAL BLVD STE 400
HAYWARD CA 94545
ALAMEDA COUNTY

ISSUANCE DATE

AUGUST 26, 2021

EXPIRATION DATE

AUGUST 1, 2022

CURRENT DATE / TIME

FEBRUARY 15, 2022
3:16:01 PM

LICENSE RELATIONSHIPS

NAME: CRUZHOUSTON, EVANGELINE

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25836 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACELRX PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACELRX PHARMACEUTICALS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3998627 8300

SR# 20220448736

Authentication: 202625822

Date: 02-10-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

10001448.2/001478-1/1-0

1:4
412/525
CARDINAL HEALTH
15 INGRAM BLVD
LA VERGNE, TN 37086-3630

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	DISTRIBUTOR	07-28-2021

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 37086-3630

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 37086-3630

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through June 09, 2020

You have searched Finished drug products

Search Results: *'61621'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Sta Ma Da
Dsuvia	61621-430-11	30 ug/1	TABLET	SUBLINGUAL	NDA209128	AcelRx Pharmaceuticals, Inc	61621-430	Sufentanil	SUFENTANIL	HUMAN PRESCRIPTION DRUG	11/0
Dsuvia	61621-430-01	30 ug/1	TABLET	SUBLINGUAL	NDA209128	AcelRx Pharmaceuticals, Inc	61621-430	Sufentanil	SUFENTANIL	HUMAN PRESCRIPTION DRUG	11/0

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

verified MH 10/1/21

AcelRx Pharmaceuticals, Inc.

Ownership

AcelRx Pharmaceuticals, Inc., a Delaware corporation, is a publicly-traded, U.S. pharmaceutical company.

25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(650) 216-3500

Corporate Officers

Vince Angotti, Chief Executive Officer
25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(650) 216-3500

Raffi Asadorian, Chief Financial Officer
25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(650) 216-3500

Pamela P. Palmer, Chief Medical Officer
25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(650) 216-3500

Badri N. Dasu, Chief Engineering Officer
25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(650) 216-3500

First Name	Last Name	Work Email
Alayna	Moran	amoran@acelrx.com
Alfred	Landas	alandas@acelrx.com
Angelina	Fuentes	afuentes@acelrx.com
Badri	Dasu	adasu@acelrx.com
Carmen	DiLoreto	cdiloreto@acelrx.com
Casidy	Domingo	cdomingo@acelrx.com
Christopher	Dillard	cdillard@acelrx.com
Christopher	Su	csu@acelrx.com
Christy	Sweet	csweet@acelrx.com
Dale	Pulsifer	dpulsifer@acelrx.com
Danilo	Chan	dchan@acelrx.com
David	Freed	dfreed@acelrx.com
Evangeline	Cruz	ecruz@acelrx.com
Francisco	Lopez	flopez@acelrx.com
Gail	Spahn	gspahn@acelrx.com
Gilda	Williams	gwilliams@acelrx.com
Hsiu-Fang	Teng	ateng@acelrx.com
Ivania	Chavez	ichavez@acelrx.com
James	Underwood Jr	eunderwood@acelrx.com
Jeffrey	Vallone	jvallone@acelrx.com
Jennifer	Green	jgreen@acelrx.com
Jerrod	Vance	jvance@acelrx.com
John	Burick	jburick@acelrx.com
John	Davis	jdavis@acelrx.com
John	Keefer	mkeefer@acelrx.com
Johnathon	Smartt	bsmartt@acelrx.com
Kathleen	Yozie	kyozie@acelrx.com
Kathy	Wilson	kwilson@acelrx.com
Kimberley	Gaumer	kgaumer@acelrx.com
Kimberly	Prescott	kprescott@acelrx.com
Lana	Chin	lchin@acelrx.com
Lars	Larson	llarson@acelrx.com
Mark	Evashenk	mevashenk@acelrx.com
Michael	Christman	mchristman@acelrx.com
Michelle	Johnson	mjohnson@acelrx.com
Nathalie	Borts	nborts@acelrx.com
Pamela	Palmer	ppalmer@acelrx.com
Patrick	Gorton	pgorton@acelrx.com
Patrick	Keith	pkeith@acelrx.com
Paul	Howe	phowe@acelrx.com
Raffi	Asadorian	rasadorian@acelrx.com
Raymond	Czaja	rczaja@acelrx.com
Ruben	Garcia	rgarcia@acelrx.com
Samir	Shah	sshah@acelrx.com
Scott	Shearer	sshearer@acelrx.com
Thomas	Tittelbach	ttittelbach@acelrx.com

Tina	Kuhns-Baggett	tkuhns@acelrx.com
Tricia	Willhite	twillhite@acelrx.com
Vincent	Angotti	vangotti@acelrx.com
Warren	Griffing	tgriffing@acelrx.com

AcelRx Pharmaceuticals, Inc. (ACRX)
NasdaqGM - NasdaqGM Real Time Price. Currency in USD

☆ Add to watchlist Visitors trend 2W ↓ 10W ↑ 9M ↑

1.0300 -0.0100 (-0.9615%)
As of 9:33AM EDT. Market open.

Quote Lookup

Summary | Company Outlook | Chart | Conversations | Statistics | Historical Data | Profile | Financials | Analysis | Options | **Holders** | Sustainability



Major Holders | Insider Roster | Insider Transactions

Major Holders
Breakdown

Currency in USD

1.93%	% of Shares Held by All Insider
25.51%	% of Shares Held by Institutions
26.01%	% of Float Held by Institutions
90	Number of Institutions Holding Shares

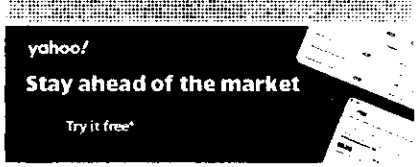
Top Institutional Holders

Holder	Shares	Date Reported	% Out	Value
Vanguard Group, Inc. (The)	5,110,592	Jun 29, 2021	4.29%	7,052,616
Shaw D.E. & Co., Inc.	4,768,524	Jun 29, 2021	4.00%	6,580,563
Rock Springs Capital Management, LP	3,788,757	Jun 29, 2021	3.18%	5,228,484
Blackrock Inc.	2,266,040	Jun 29, 2021	1.90%	3,127,135
Millennium Management LLC	1,516,715	Jun 29, 2021	1.27%	2,093,066
Morgan Stanley	1,190,997	Jun 29, 2021	1.00%	1,643,575
Geode Capital Management, LLC	1,050,806	Jun 29, 2021	0.88%	1,450,112
Bridgeway Capital Management, Inc.	509,250	Jun 29, 2021	0.43%	702,765
State Street Corporation	453,321	Jun 29, 2021	0.38%	625,582
Ergoteles, LLC	430,539	Jun 29, 2021	0.36%	594,143

Top Mutual Fund Holders

Holder	Shares	Date Reported	% Out	Value
Vanguard Total Stock Market Index Fund	3,196,620	Jun 29, 2021	2.68%	4,411,335
Vanguard Extended Market Index Fund	1,647,649	Jun 29, 2021	1.38%	2,273,755
Fidelity Extended Market Index Fund	625,745	Jul 30, 2021	0.53%	738,379
Bridgeway Funds Inc-Ultra Small Company Market Fund	503,350	Jun 29, 2021	0.42%	694,623
iShares Micro Cap ETF	306,472	Jun 29, 2021	0.26%	422,931





People Also Watch

Symbol	Last Price	Change	% Change
AVEO AVEO Pharmaceuticals, Inc.	6.55	-0.03	-0.46%
TRVN Trevena, Inc.	1.2579	+0.0079	+0.63%
TNXP Tonix Pharmaceuticals Holding Corp.	0.6580	+0.0030	+0.46%
VSTM Verastem, Inc.	2.6000	+0.0200	+0.78%
ZSAN Zosano Pharma Corporation	0.6927	-0.0053	-0.76%

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 16, 2021

ACELRX PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-35068**	**41-2193603**
(State of incorporation)	(Commission File No.)	(IRS Employer Identification No.)

25821 Industrial Boulevard, Suite 400
Hayward, CA 94545
(Address of principal executive offices and zip code)

Registrant's telephone number, including area code: **(650) 216-3500**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value	ACRX	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition

On August 16, 2021, AcelRx Pharmaceuticals, Inc. (the "Company") issued a press release announcing its financial results for the three and six months ended June 30, 2021 (the "Release"). A copy of the Release is furnished herewith as Exhibit 99.1.

The information contained in this Item 2.02 and in Exhibit 99.1 shall be deemed to be "furnished" and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended (the "Securities Act"). The information contained in this Item 2.02 and in Exhibit 99.1 shall not be incorporated by reference into any filing under the Securities Act or the Exchange Act made by the Company, whether made before or after the date hereof, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

Exhibit No.	Description
99.1	Press Release dated August 16, 2021
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: August 16, 2021

ACELRX PHARMACEUTICALS, INC.
By: /s/ Raffi Asadorian
Raffi Asadorian
Chief Financial Officer

AcelRx Pharmaceuticals, Inc.

AcelRx Pharmaceuticals Reports Second Quarter 2021 Financial Results

$55.3 million of cash and short-term investments as of June 30, 2021

Q2 2021 DSUVIA sales of $0.4M, a 117% increase compared to Q1 2021

516 formulary approvals as of July 31, 2021

HAYWARD, Calif., August 16, 2021 – AcelRx Pharmaceuticals, Inc. (Nasdaq: ACRX), (AcelRx), a specialty pharmaceutical company focused on the development and commercialization of innovative therapies for use in medically supervised settings, today reported its second quarter 2021 financial results.

"We continued to gain solid sales momentum with DSUVIA® as the recent real-world data became more widely disseminated to healthcare providers, and elective surgery restrictions at ambulatory surgery centers and hospitals eased during the second quarter," said Vince Angotti, Chief Executive Officer of AcelRx. "Our continued commitment to supporting investigator-initiated trials to generate additional DSUVIA real-world data should further add to healthcare provider awareness of the advantages of DSUVIA. Finally, business development remains a key priority and completing the DZUVEO® agreement with an exceptional partner in Europe and expanding our portfolio in the U.S. with two complementary innovative product candidates should drive incremental value to AcelRx."

Second Quarter and Recent Highlights

- In July 2021, AcelRx entered into agreements with Laboratoire Aguettant (Aguettant) providing Aguettant with a license to commercialize DZUVEO in Europe, allowing AcelRx to receive up to approximately $55 million in combined up-front and sales-based milestone payments, and providing AcelRx with two innovative pre-filled syringe product candidates for the U.S. The expected market opportunity for these two product candidates exceeds $100 million, and AcelRx currently plans to file New Drug Applications for them within 12 months.

- In June 2021, the U.S. Army Medical Materiel Development Activity (USAMMDA) publicly communicated their support of DSUVIA for battlefield pain management. USAMMDA stated concerns with the standard intramuscular morphine autoinjectors and emphasized that another commonly used battlefield analgesic, oral transmucosal fentanyl citrate, is licensed only for use in chronic pain syndromes found in cancer patients and it is specifically labeled not to be used for acute pain management.

- In June 2021, AcelRx announced it had reached agreement with the U.S. Food and Drug Administration (FDA) with regards to finalizing corrective actions the company had taken or plans to take in response to the previously announced FDA warning letter, dated February 11, 2021, regarding certain DSUVIA promotional materials.

- In June 2021, AcelRx announced important findings from a podium presentation on DSUVIA during the *Best Papers of the Regional Societies* session at the California Society of Plastic Surgeons 71st Annual Meeting. Following long-duration procedures, which often included multiple cosmetic procedures combined (averaging approximately 3 hours), 89% of the patients were opioid-free in the PACU, recovery time averaged 1 hour and the only adverse event was 1 patient that had nausea. *See Additional Study Information section below.*

- In May 2021, AcelRx announced an investigator-initiated study to be conducted at Tampa General Hospital to evaluate the use of DSUVIA for patients with sickle cell disease presenting to the emergency department with painful vaso-occlusive crisis.

- In May 2021, AcelRx announced a poster presentation at the 46th Annual American Society of Regional Anesthesia (ASRA) Meeting reviewing the results of a study on the intraoperative administration of DSUVIA for the management of acute pain in an ambulatory surgery center. Among other results, the study showed orthopedic surgery patients in the DSUVIA group required 50% less opioids in the PACU (p=0.018), with significantly more of them opioid-free (36% vs 8%; p=0.037) compared to the control group. Furthermore, DSUVIA-treated patients had improved overall benefit of analgesia scores (OBAS) compared to the control group (p=0.006). *See Additional Study Information section below.*

- In May 2021, the fully automated packaging equipment was installed at our contract manufacturer in the U.S. with final site acceptance testing in the process of being finalized and first commercial batches on target for Q3 2022, subject to regulatory approvals.

- In May 2021, AcelRx announced an investigator-initiated study to be conducted at The CORE Institute Specialty Hospital in Phoenix, Arizona by the Musculoskeletal Orthopedic Research and Education (MORE) Foundation evaluating the perioperative use of DSUVIA for patients undergoing hip or knee replacement as a same-day surgical procedure.

- In April 2021, AcelRx announced an investigator-initiated study at Montefiore Medical Center evaluating the perioperative use of DSUVIA for same-day surgical procedures in patients on buprenorphine therapy for opioid-use disorder or for chronic pain management.

- Through July 31, 2021, AcelRx has achieved 516 formulary approvals, and is on track to exceed its guidance of 615 approvals by year end 2021.

Financial Information

- Cash, cash equivalents and short-term investments balance of $55.3 million as of June 30, 2021;

- Second quarter 2021 net revenues were $0.4 million and first half 2021 net revenues were $1.0 million;

- Combined R&D and SG&A expenses for the second quarter of 2021 totaled $9.4 million compared to $8.4 million for the second quarter of 2020. Excluding stock-based compensation expense, these amounts were $8.3 million for the second quarter of 2021 compared to $7.3 million for the second quarter of 2020. R&D and SG&A expenses for the first half of 2021 totaled $18.0 million compared to $23.1 million in the first half of 2020. Excluding stock-based compensation expense, these figures were $15.8 million for the first half of 2021 compared to $20.9 million for the first half of 2020. The decrease in combined R&D and SG&A expenses in the first half 2021 was primarily due to reductions in personnel-related costs, including travel expense, and DSUVIA-related commercialization expenses.

- For the second quarter of 2021, net loss was $9.9 million, or $0.08 per basic and diluted share, compared to $6.6 million, or $0.08 per basic and diluted share, for the second quarter of 2020. Net loss for the first half of 2021 was $18.8 million, or $0.16 basic and diluted net loss per share, compared to $22.5 million, or $0.28 basic and diluted net loss per share, for the prior year period.

Webcast and Conference Call Information

As previously announced, AcelRx will host a live webcast Monday, August 16, 2021 at 4:30 p.m. Eastern Time (1:30 p.m. Pacific Time) to discuss these financial results and provide other corporate updates. The webcast is accessible by visiting the Investors page of AcelRx's website at www.acelrx.com and clicking on the webcast link. The webcast will be accompanied by a slide presentation. Investors who wish to participate in the conference call may do so by dialing (866) 361-2335 for domestic callers, (855) 669-9657 for Canadian callers or (412) 902-4204 for international callers. A webcast replay will be available on the AcelRx website for 90 days following the call by visiting the Investor page of AcelRx's website at www.acelrx.com.

About DSUVIA (sufentanil sublingual tablet), 30 mcg

DSUVIA®, known as DZUVEO® in Europe, is indicated for use in adults in certified medically supervised healthcare settings, such as hospitals, surgical centers, and emergency departments, for the management of acute pain severe enough to require an opioid analgesic, and for which alternative treatments are inadequate. DSUVIA was designed to provide rapid analgesia via a non-invasive route and to eliminate dosing errors associated with intravenous (IV) administration. DSUVIA is a single-strength solid dosage form administered sublingually via a single-dose applicator (SDA) by healthcare professionals. Sufentanil is an opioid analgesic previously only marketed for IV and epidural anesthesia and analgesia. The sufentanil pharmacokinetic profile when delivered sublingually avoids the high peak plasma levels and short duration of action observed with IV administration. The European Commission approved DZUVEO for marketing in Europe and AcelRx has entered into a licensing agreement with Laboratoire Aguettant to commercialize DZUVEO in Europe.

This release is intended for investors only. For more information, including important safety information and black box warning for DSUVIA, please visit www.DSUVIA.com.

About AcelRx Pharmaceuticals, Inc.

AcelRx Pharmaceuticals, Inc. is a specialty pharmaceutical company focused on the development and commercialization of innovative therapies for use in medically supervised settings. AcelRx's proprietary, non-invasive sublingual formulation technology delivers sufentanil with consistent pharmacokinetic profiles. AcelRx has one approved product in the U.S., DSUVIA® (sufentanil sublingual tablet, 30 mcg), known as DZUVEO® in Europe, indicated for the management of acute pain severe enough to require an opioid analgesic for adult patients in certified medically supervised healthcare settings, and one product candidate, Zalviso® (sufentanil sublingual tablet system, SST system, 15 mcg), an investigational product in the U.S., is being developed as an innovatively designed patient-controlled analgesia (PCA) system for reduction of moderate-to-severe acute pain in medically supervised settings. AcelRx has obtained the rights to file New Drug Applications (NDAs) and, subject to U.S. Food and Drug Administration (FDA) approval, commercialize in the U.S. two of Laboratoire Aguettant's innovative, EU-approved, pre-filled syringe products – ready-to-use ephedrine and phenylephrine. DZUVEO and Zalviso are both approved products in Europe.

For additional information about AcelRx, please visit www.acelrx.com.

Non-GAAP Financial Measures

To supplement AcelRx's financial results and guidance presented in accordance with U.S. generally accepted accounting principles (GAAP), AcelRx uses certain non-GAAP financial measures in this press release, in particular, excluding stock-based compensation expense from its operating expenses. AcelRx believes that these non-GAAP financial measures provide useful supplementary information to, and facilitate additional analysis by, investors and analysts. In particular, AcelRx believes that these non-GAAP financial measures, when considered together with AcelRx's financial information prepared in accordance with GAAP, can enhance investors' and analysts' ability to meaningfully compare AcelRx's results from period to period and to its forward-looking guidance. In addition, these types of non-GAAP financial measures are regularly used by investors and analysts to model and track AcelRx's financial performance. AcelRx's management also regularly uses these non-GAAP financial measures internally to understand, manage and evaluate AcelRx's business and to make operating decisions. Non-GAAP financial measures are not meant to be considered in isolation or as a substitute for comparable GAAP measures and should be read in conjunction with AcelRx's consolidated financial statements prepared in accordance with GAAP. The non-GAAP financial measures in this press release and the accompanying tables have limits in their usefulness to investors and may be calculated differently from, and therefore may not be directly comparable to, similarly titled measures used by other companies.

Additional Study Information

Podium Presentation. The presentation was presented by Hisham Seify, MD, PhD, FACS and reported on data collected from a total of 76 patients during both short and long-duration general anesthesia plastic surgery cases as well as "awake" cosmetic procedures. Procedures were performed utilizing a single DSUVIA tablet in combination with general anesthesia. Patients undergoing short (< 1 hour) procedures required no opioids in the postanesthesia care unit (PACU) and had an average recovery time of 33 minutes with no adverse events reported. Dr. Seify also presented his protocol for using DSUVIA during "awake" surgery cases and reported that to date they had seen no adverse events or vital sign instability in these patients. The data presented at the meeting are from an investigator-initiated trial supported by AcelRx. Dr. Seify is a paid consultant for AcelRx.

Poster Presentation. The primary objective of this study was to determine if DSUVIA given prior to emergence from anesthesia was efficacious in reducing initial post anesthesia care unit (PACU) pain scores compared to a control group which received no intervention. Secondary outcomes included opioid use and percentage of patients opioid free in PACU, and time until ready to discharge. The study was a prospective, randomized, controlled trial conducted at an ambulatory surgery center with patients aged 18-80 undergoing orthopedic surgery under general anesthesia. A total of 50 patients were included in the final analysis. There were no significant differences in baseline characteristics or duration of surgery between the two groups. The pain score on arrival to PACU was not significantly different between either group. However, patients in the DSUVIA group required 50% less opioids in the PACU (p=0.018), with significantly more of them opioid-free (36% vs 8%; p=0.037). Furthermore, DSUVIA-treated patients had improved overall benefit of analgesia scores (OBAS) compared to the control group (p=0.006). OBAS is a validated 7-item tool that assesses pain intensity, adverse effects and patients' satisfaction with analgesia. Limitations of the study include that the DSUVIA was not compared to an active comparator, in that it did not allow for preemptive opioid analgesia in the control group. Also, as the data collection ended at discharge, the authors were unable to assess any additional analgesic benefit of DSUVIA beyond the immediate postoperative period. One of the investigators of the study is a paid consultant for AcelRx but was not compensated for this study.

Forward-Looking Statements

This press release contains forward-looking statements, including, but not limited to, statements related to the effects of the COVID-19 pandemic and its anticipated impacts on AcelRx's business, the expected incremental value driven by business development efforts to AcelRx, the expected support for, and continuation of, investigator-initiated studies, the scope and benefits of investigator-initiated studies, the expected market opportunity for product candidates, plans to file NDAs and the timing of such filings, the expectation that the FDA will issue a close-out letter once corrective actions are satisfactorily completed by AcelRx, the availability of commercial batches from the fully automated packaging equipment and the timing thereof, and being on track to exceed its guidance of 615 approvals by year end 2021. These and any other forward-looking statements are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking terminology such as "believes," "expects," "anticipates," "may," "will," "should," "seeks," "approximately," "intends," "plans," "estimates," or the negative of these words or other comparable terminology. The discussion of financial trends, strategy, plans or intentions may also include forward-looking statements. These forward-looking statements involve risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied by such statements, including the uncertainties inherent in the initiation, execution and completion of investigator-initiated studies. Although it is not possible to predict or identify all such risks and uncertainties, they may include, but are not limited to, those described in AcelRx's annual, quarterly and current reports (i.e., Form 10-K, Form 10-Q and Form 8-K) as filed or furnished with the Securities and Exchange Commission (SEC). You are cautioned not to place undue reliance on any such forward-looking statements, which speak only as of the date such statements were first made. To the degree financial information is included in this press release, it is in summary form only and must be considered in the context of the full details provided in AcelRx's most recent annual, quarterly or current report as filed or furnished with the SEC. AcelRx's SEC reports are available at www.acelrx.com under the "Investors" tab. Except to the extent required by law, AcelRx undertakes no obligation to publicly release the result of any revisions to these forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of unanticipated events.

Investor Contacts
Raffi Asadorian, CFO AcelRx
investors@acelrx.com

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SELECTED FINANCIAL DATA
(in thousands, except per share data)
(unaudited)

	Three Months Ended June 30				Six Months Ended June 30			
	2021	2020	$ Δ	% Δ	2021	2020	$ Δ	% Δ
Product sales	$ 392	$ 303	$ 89	29%	$ 843	$ 577	$ 266	
Contract and other collaboration	51	2,621	(2,570)	-98%	111	2,733	(2,622)	-96%
Total revenue	443	2,924	(2,481)	-85%	954	3,310	(2,356)	-71%
Operating costs and expenses:								
Cost of goods sold	1,040	1,370	330	24%	2,080	2,881	801	28%
Research and development	724	813	89	11%	1,693	2,225	532	24%
General and administrative	8,694	7,575	(1,119)	-15%	16,338	20,886	4,548	22%
Total operating costs and expenses	10,458	9,758	(700)	-7%	20,111	25,992	5,881	23%
Loss from operations	(10,015)	(6,834)	(3,181)	-47%	(19,157)	(22,682)	3,525	16%
Other income (expense):								
Interest expense	(614)	(872)	258	30%	(1,286)	(1,727)	441	26%
Interest income and other income (expense), net	(16)	270	(286)	-106%	60	205	(145)	-71%
Non-cash interest income on liability related to sale of future royalties	799	834	(35)	-4%	1,581	1,677	(96)	-6%
Total other income (expense)	169	232	(63)	-27%	355	155	200	129%
Provision for income taxes	(5)	(4)	(1)	25%	(5)	(4)	(1)	25%
Net loss	$ (9,851)	$ (6,606)	$ (3,245)	49%	$ (18,807)	$ (22,531)	$ 3,724	-17%
Basic and diluted net loss per common share	$ (0.08)	$ (0.08)			$ (0.16)	$ (0.28)		
Shares used in computing basic and diluted net loss per common share	119,120	80,662			116,204	80,360		

(1) Includes the following non-cash, stock-based compensation expense

Cost of goods sold	$ 21	$ 27	$ 43	$ 73
Research and development	200	184	381	384
Selling, general and administrative	951	879	1,837	1,779
Total	$ 1,172	$ 1,090	$ 2,261	$ 2,236

	June 30, 2021	December 31, 2020
Selected Balance Sheet Data		
Cash, cash equivalents and investments	$ 55,325	$ 42,886
Total assets	79,586	66,295
Total liabilities	115,575	122,045
Total stockholders' deficit	(35,989)	(55,750)

Reconciliation of Non-GAAP Financial Measures
(Operating Expenses less associated stock-based compensation expense)

	Three Months Ended June 30		Six Months Ended June 30	
	2021	**2020**	**2021**	**2020**
Operating expenses (GAAP):				
Research and development	$ 724	$ 813	$ 1,693	$ 2,225
Selling, general and administrative	8,694	7,575	16,338	20,886
Total operating expenses	9,418	8,388	18,031	23,111
Less associated stock-based compensation expense	1,151	1,063	2,218	2,163
Operating expenses (non-GAAP)	$ 8,267	$ 7,325	$ 15,813	$ 20,948

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Ascendis Pharma Endocrinology, Inc.

Physical Address: 902 Carnegie Center, Suite 301

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 902 Carnegie Center, Suite 301

City: Princeton State: NJ Zip: 08540

Telephone: (609) 651-8600 Website: www.ascendispharma.com

Name of Designated Representative (DR): William Renzo

Licensing Company Email: licensing.apei@ascendispharma.com DR Email: wro@ascendispharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Pharmacies, Specialty Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Ascendis Pharma A/S

Corporation Name: Ascendis Pharma Endocrinology, Inc.

Mailing Address: 902 Carnegie Center, Suite 301

City: Princeton State: NJ Zip: 08540

Telephone: (609) 651-8600 Email: licensing.apei@ascendispharma.com

Contact Person Name: William A. Renzo

Date of SEC Registration: 1/27/2015	SEC Registration Number: CIK: 0001612042	Stock Exchange Symbol: ASND

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jesper Hoeiland

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/26/2021

Date

Board Use Only	Date Received: _____	Amount: $500 Check 14121

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745017

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

902 CARNEGIE CTR, STE 301 PRINCETON, NJ 08540-

Reg. No.
5005972

ASCENDIS PHARMA ENDOCRINOLOGY
902 CARNEGIE CTR, STE 301
PRINCETON, NJ 08540-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 8/22/2021

Registration Number: 5005972 **Registered as:** Manufacturer and Wholesale
Name: ASCENDIS PHARMA ENDOCRINOLOGY
DBA:
Address: 902 CARNEGIE CTR, STE 301, PRINCETON, NJ 08540
Original Issue Date: 08/02/2021 **Expiration Date:** 01/31/2022
Current Issue Date: 08/02/2021
Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENDIS PHARMA ENDOCRINOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3415591 8300

SR# 20220165770

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202425015

Date: 01-19-22

ascendis pharma

Description of Operations

Ascendis Pharma Endocrinology, Inc. is a VirtualManufacturer. Ascendis Pharma Endocrinology, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies, Specialty Distributors & Hospital Pharmacies by their Third-Party Logistics Provider, Integrated Commercialization Solutions, LLC , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Sharp Packaging Services
7451 Keebler Way
Allentown, PA 18106
FDA Establishment Number: 3004161147

Sharp manufactures Ascendis Pharma Endocrinology, Inc.'s product and packages finished product. At no time does Sharp own the product, contract with Ascendis Pharma Endocrinology, Inc.'s customers, invoice, nor sell a Ascendis Pharma Endocrinology, Inc. product. Ascendis Pharma Endocrinology, Inc.'s products are not Controlled Substances.

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC acts as Ascendis Pharma Endocrinology, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Ascendis Pharma Endocrinology, Inc.'s product to Specialty Pharmacies, Specialty Distributors & Hospital Pharmacies throughout the United States. Integrated Commercialization Solutions, LLC's address is:

Integrated Commercialization Solutions, LLC
420 International Boulevard, Suite 500
Brooks, KY 40109

Ascendis Pharma Endocrinology, Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

From: edrls@fda.hhs.gov
To: Anaia Davidson
Subject: Labeler Code Request Approved
Date: Wednesday, September 18, 2019 11:27:33 AM

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eDRLS - Electronic Drug Registration & Listing System

Current Date: 18-SEP-2019
Labeler DUNS: 305353291
Labeler Name: Ascendis Pharma Endocrinology Division A/S
Labeler Code: 73362

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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You have searched Finished drug products

Search Results: *'73362'*

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CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
+ Skytrofa	73362-003-01	3 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-003	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-004-01	3.6 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-004	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-005-01	4.3 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-005	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-006-01	5.2 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-006	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-007-01	6.3 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-007	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-008-01	7.6 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-008	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-009-01	9.1 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-009	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-010-01	11 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-010	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA
+ Skytrofa	73362-011-01	13.3 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	BLA761177	Ascendis Pharma, Inc.	73362-011	Lonapegsomatropin-tcgd	LONAPEGSOMATROPIN	HUMAN PRESCRIPTION DRUG	08/25/2021	N/A	BLA

Showing 1 to 9 of 9 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 3/18/22

Company Information

Ascendis Pharma Endocrinology, Inc.
902 Carnegie Center, Suite 301
Princeton, NJ 08540
Phone: (609) 651-8600
Website: www.ascendispharma.com
E-mail: licensing.apei@ascendispharma.com

FEIN: **85-4117388**
State of Formation: DE
Date Incorporated: 9/22/2020
File Number: 3415591

Ownership Information

Ascendis Pharma Endocrinology, Inc. is 100% owned by Ascendis Pharma A/S

Parent Company Address: Tuborg Boulevard 12, Hellerup Denmark, 2900
Parent Company Phone: 45 70 22 22 44

Officers

Jan Moller Mikkelsen, President & Chief Executive Officer
Business Address: 500 Emerson St, Palo Alto, CA 94301
Business Phone: (650) 352-8389

Scott Thomas Smith, Senior Vice President, Chief Financial Officer
Business Address: 500 Emerson St, Palo Alto, CA 94301
Business Phone: (650) 352-8389

Jesper Hoeiland, SVP and Global Chief Commercial Officer
Business Address: 902 Carnegie Center, Suite 301, Prinecton, NJ 08540
Business Phone: 609-651-8600

Name	Organisation	Title	Company	Employment type
Alan Little	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Albert Anthony Vicario	Sales	Area Business Director	Ascendis Pharma Endocrinology Inc	Full Time
Andrea Brooks	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Arthur Giovanetti	Marketing	Director, Global Congresses and Meeting Planning	Ascendis Pharma Endocrinology Inc	Full Time
Brad Brekke	Market Access	National Account Director	Ascendis Pharma Endocrinology Inc	Full Time
Caitlin Battistich	Sales	Health Systems Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Candace Anderson	Commercial Analytics	Director, Market Research	Ascendis Pharma Endocrinology Inc	Full Time
Chris John Dobberpuhl	Market Access	Director, National Accounts	Ascendis Pharma Endocrinology Inc	Full Time
Craig Dennis Kwiatkowski	Market Access	National Accounts Director	Ascendis Pharma Endocrinology Inc	Full Time
Dawn D'Onofrio	Sales	Health Systems Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Donald Hesling	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Edgard Capelo	Marketing	Senior Director of Marketing, GH	Ascendis Pharma Endocrinology Inc	Full Time
Edmund Shangold	Marketing	Director, Digital Marketing	Ascendis Pharma Endocrinology Inc	Full Time
Erica Hofmann	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Evan Meiskin	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Heidi Fiorello	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Janeen Thompson	Commercial Analytics	Associate Director Commercial Operations	Ascendis Pharma Endocrinology Inc	Full Time
Jasen Dobson	Marketing	Director, Connected Health	Ascendis Pharma Endocrinology Inc	Full Time
Jennifer Lynn Ebert	Market Access	National Accounts Director	Ascendis Pharma Endocrinology Inc	Full Time
Jesper Høiland	Commercial	SVP & Global Chief Commercial Officer	Ascendis Pharma Endocrinology Inc	Full Time
John Rackas	Marketing	Senior Director, Market Access Marketing	Ascendis Pharma Endocrinology Inc	Full Time
John Spera	Marketing	VP of Marketing	Ascendis Pharma Endocrinology Inc	Full Time
Joseph Burns	Sales	Health Systems Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Joseph Francis Kelly	Sales	Vice President of Sales	Ascendis Pharma Endocrinology Inc	Full Time
Keith Hoey	Market Access	National Accounts Director	Ascendis Pharma Endocrinology Inc	Full Time
Kerry Marone	Marketing	Director, Portfolio Market Development	Ascendis Pharma Endocrinology Inc	Full Time
Kristen Rowe	Market Access	Head of Market Access	Ascendis Pharma Endocrinology Inc	Full Time
Leeann Lui	Pricing, Contracting & Distribution	Director of Strategic Pricing and Analytics	Ascendis Pharma Endocrinology Inc	Full Time
Lisa Fitzer	Sales	Area Business Director	Ascendis Pharma Endocrinology Inc	Full Time
Lizbeth McPherson	Marketing	Brand Manager	Ascendis Pharma Endocrinology Inc	Full Time
Maryann Olsen	Commercial Analytics	Director, Clinical Nurse Educators	Ascendis Pharma Endocrinology Inc	Full Time
Matthew William Moyer	Sales	Director, Commercial Training & Development	Ascendis Pharma Endocrinology Inc	Full Time
Mehul Shah	Pricing, Contracting & Distribution	Associate Director, Trade Operations	Ascendis Pharma Endocrinology Inc	Full Time
Melissa Hurtt	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Michael Dustin Elliott	Pricing, Contracting & Distribution	Specialty Pharmacy and Trade Relations, Director	Ascendis Pharma Endocrinology Inc	Full Time
Milana Gusovsky	Commercial Analytics	Senior Analyst, Commercial Analytics	Ascendis Pharma Endocrinology Inc	Full Time
Paige Pham-Huynh	Commercial Analytics	Manager, Data Governance and Field Operations	Ascendis Pharma Endocrinology Inc	Full Time
Rachel Louise Christofilakes	Pricing, Contracting & Distribution	Pricing & Contracting Analytics Director	Ascendis Pharma Endocrinology Inc	Full Time
Raymond Scott Mullen	Marketing	Connected Healthcare & Marketing Senior Director	Ascendis Pharma Endocrinology Inc	Full Time
Rekha Chandrasekaran	Commercial Analytics	Director of Sales Operations	Ascendis Pharma Endocrinology Inc	Full Time
Rita Kelley-Reiter	Marketing	Senior Director, Marketing PTH	Ascendis Pharma Endocrinology Inc	Full Time
Samandeep Sadhar	Sales	Associate Director, Commercial Training & Development	Ascendis Pharma Endocrinology Inc	Full Time
Scott Antone Holmes	Commercial Analytics	VP, Commercial Analytics	Ascendis Pharma Endocrinology Inc	Full Time
Steven Gifford	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Steven Rush Montgomery	Pricing, Contracting & Distribution	Specialty Pharmacy and Trade Relations, Director	Ascendis Pharma Endocrinology Inc	Full Time
Susana Tsao	Commercial Analytics	Director, Commercial Analytics	Ascendis Pharma Endocrinology Inc	Full Time
Tamera Kinley-Street	Sales	Endocrine Clinical Specialist	Ascendis Pharma Endocrinology Inc	Full Time
Thomas C Colburn	Commercial Analytics	Patient Support Director	Ascendis Pharma Endocrinology Inc	Full Time
Tom Telly	Market Access	National Accounts Director	Ascendis Pharma Endocrinology Inc	Full Time
Toni Houston	Sales	Area Business Director	Ascendis Pharma Endocrinology Inc	Full Time
Viviana LeDonne	Commercial	Executive Assistant and Office Manager	Ascendis Pharma Endocrinology Inc	Full Time
William Renzo	Pricing, Contracting & Distribution	Head of Contracts, Pricing and Distribution	Ascendis Pharma Endocrinology Inc	Full Time

EMPLOYEE LIST Ascendis Pharma Endocrinology, Inc.

William A. Renzo
[redacted] Bellcourt Place
Livingston, NJ 07039
Telephone: [redacted]
[redacted]@gmail.com

Summary

Results-oriented professional with over a 30 year proven track record of excellence in managed markets, sales, leadership, and payer marketing with Ascendis, Sanofi, Pfizer, Johnson & Johnson, Bradley Pharmaceuticals, Ogilvy-CommonHealth in positions of increasing responsibility and achievement, that have resulted in a polished and unique skill set grounded in payer strategy, sales leadership, and people development.

Management of all functional groups including:

- Managed Markets
- Pull-Through
- Specialty Pharmacy
  - Marketing
  - Sales
  - Sales Operations
  - Training and Development

Professional Experience

Head- Pricing, Contracting and Distribution — **2019-Present**
Ascendis Pharmaceuticals

- Responsible for building the department from the ground up expanding to 6 people in the first 12 months in preparation for commercialization
- Developed the pricing and contracting strategy for our first commercialized product lonapegsomatropin
- Directed the execution of a bottoms-up forecast to inform the overall brand forecast and net sales
- Lead the development of the 3PL and Specialty Pharmacy distribution strategy including state licensing initiative
- Full implementation of channel strategy including Payer, IDN, access and reimbursement opportunities

Senior Director, Market Access — **2014 to 2019**
Sanofi Pharmaceuticals

- Full responsibility for the launch of sarilumab, an IL-6 biologic for Rheumatoid Arthritis due to launch in Q42016
- Prepared the market access strategic plan for the launch of sarilumab which included developing the strategy and execution of pricing and contracting, co-pay card, HUB services, specialty pharmacy, channel strategy, payer engagement and account management
- Integral member of the "mAb" team responsible for developing the overall strategy for the "mAb" portfolio which includes Praluent (high cholesterol), dupilumab (atopic dermatitis, expected launch 2017) and sarilumab
- Successfully collaborated with alliance market access counterparts at Regeneron, developing and sharpening skills required to work in a collaborative joint venture environment

Senior Vice President, Director of Client Services **2006 to 2014**
Ogilvy Healthworld Payer Marketing

- Oversaw all P&L responsibility for Ogilvy Healthworld Payer Marketing agency and served as "first line" strategic support for clients
- Exceeded forecast year over year since 2006 and grew the agency from $3.1 million to nearly $9.0 million in 2013
- Directed and supported the efforts of Account Managers concerning the strategic direction for client accounts
- Led numerous pitch teams and won Agency of Record for over 25 brands between 2006 and 2014, and served as lead payer strategist
- Launch experience in the payer space includes: Extavia, Zortress, Afinitor, Jevtana, Oforta, Arcapta, Tekturna, Valturna, Exelon Patch, Ilaris, Ryverna, serelaxin (launch prep),Tobi Podhaler, Benlysta, Promacta, Adempas, Cosentyx, Ibrance (2015), Kogenate LA, Cipro DPI (2016), Amikacin Inhaled (2017)
- Of particular interest, I led the development of the market access strategic and tactical plans to support the payer launch of Cosentyx for psoriasis

Senior Vice President **2004 to 2006**
Bradley Pharmaceuticals

- Created and formed Bradley's first Managed Care, Trade Relations, and authorized Generics divisions
- Developed relationships with senior management from managed care organizations, wholesalers and chain drugstores to foster long-term partnerships for preferred access and stocking of Bradley key brands
- Negotiated all Medicare Part D contracts for Bradley to ensure preferred access for key brands
- Elected to the board of Team Bradley as one of five officers of the corporation

General Manager, Puerto Rico **2002 to 2004**
JOM Pharmaceutical Services
Johnson & Johnson Caguas, Puerto Rico

- Managed the Sales, Marketing, Human Resources, Finance and Administrative operations of six distinct operating companies in Puerto Rico (Janssen, Ortho-McNeil, Ortho-Biotech, Centocor, Scios, and Tibotec Therapeutics)
- Planned, designed and implemented the reorganization of JOM Pharmaceutical Services in Puerto Rico by establishing Marketing, Sales, Operations, Trade Relations, Human Resources and Finance departments
- Achieved a sales growth of 23% at year-end 2003 as compared with 2002 results, and exceeded 2002 contribution margin by 16%. By Q2 2004, JOM Puerto Rico was 5.3% ahead of forecast and 21.5% over prior year, year to date (90% volume/10% price)
- Implemented competency models, career ladders and a performance management process for the JOM PR sales force and management team
- Designed and implemented a process by which managers could effectively share knowledge and practices to increase sales results. This process was effectively exported to the sales representative level and has served as a competitive advantage
- Developed and implemented a market driven business plan at the sales management and field force level
- Invited as "Speaker of the Month" of the Puerto Rico Manufacturing Association
- Invited as Keynote Speaker to the Synygy Sales Effectiveness Conference in June 2004 to speak on "Capabilities Models In The Pharmaceutical Sales Force"
- Recognized as one of the Puerto Rico "Top 40 Executives Under 40" years of age by Caribbean Business Journal in October 2004
- Guest speaker and panelist for the Puerto Rico Chamber of Commerce on the topic of the "Impact of the Cost of Medicine In The US" in November 2004

General Manager, Puerto Rico & The Caribbean — **1999 to 2002**
Pfizer Caribbean
San Juan, Puerto Rico

- Managed Pfizer, Inc. operations in Puerto Rico and 24 countries in the Caribbean
- Converted Pfizer Puerto Rico to the Hispanic Center of Excellence for Pfizer worldwide
- Managed profit and loss for a 300-employee operation
- Achieved double digit increase in profits in sales during my three year tenure from $138 million to $200 million
- Spearheaded strategic planning process and business plan development for entire operation
- Consistently exceeded market share as compared to mainland with blockbusters such as Lipitor, Norvasc, Viagra, Zoloft and Zyrtec
- Recognized by Pfizer, Inc. for having achieved the top market share in its Central Nervous System drug portfolio worldwide as compared to other pharmaceutical companies
- As the first ever pharmaceutical company in the world to have done so, received Sales and Marketing Executives of America "Award of Excellence" for the Viagra campaign. This strategy was planned and executed by Pfizer Puerto Rico under my leadership
- Successfully led Pfizer Caribbean through the integration of both Warner-Lambert and Pharmacia
- Recognized by the PR Chamber of Commerce as the "Distinguished Young Professional" in the pharmaceutical industry

Area Manager, Mid-Atlantic Region — **1997 to 1999**
National Healthcare Operations, Pfizer, Inc.
Reston, VA

- Oversaw fourteen Managed Care Managers resulting in over 97% formulary access for the Mid-Atlantic Region with our managed care customers. As a result, the Mid-Atlantic Region consistently surpassed its sales forecast
- Planned, organized and executed the country's most effective communication process for VISN and DOD lead agents that resulted in the ability to leverage all VISN and DOD accounts nationwide
- Developed and promoted four managers to positions with increased responsibilities
- Elected by sales colleagues to organize and facilitate a monthly meeting that centered on developing a region-wide strategy that would leverage sales to improve managed care access and product pull-through

Director of Division Operations — **1994 to 1997**
National Healthcare Operations Division, Pfizer Inc.
New York, NY

- Managed the day-to-day operations of Pfizer's Managed Care Division working side-by-side with the division Vice President
- Served as a liaison between all field managers and corporate headquarters
- Worked with disease management teams to develop strategy for Pfizer products and Managed Care
- Developed and executed customer value added programs
- Planned and organized all division award trips
- Planned, developed, and deployed the Medical Account Representatives position at Pfizer

Pfizer, Inc. — **1987 to 1994**
Various Locations

- Held several sales and management positions with increasing responsibility around the country including: Professional Healthcare Representative, District Manager and Managed Care Manager

Education

1990	Master's in Business Administration *Magna Cum Laude* **Fairleigh Dickinson University, Madison, New Jersey**
1987	Bachelor in Science **Seton Hall University, South Orange, New Jersey**
1983	High School Diploma **David Brearley High School, Kenilworth, New Jersey**

Languages Fluent in Spanish and English

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington D.C. 20549

FORM 20-F

(Mark One)

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

OR

☐ **SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of event requiring this shell company report _____

Commission file number: 001-36815

Ascendis Pharma A/S

(Exact name of Registrant as specified in its charter and translation of Registrant's name into English)

The Kingdom of Denmark
(Jurisdiction of incorporation or organization)

Tuborg Boulevard 12
DK-2900 Hellerup, Denmark
(Address of principal executive offices)

Jan Møller Mikkelsen
President and Chief Executive Officer
Tuborg Boulevard 12
DK-2900 Hellerup, Denmark
Telephone: +45 70 22 22 44
(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
American Depositary Shares, each representing one ordinary share, nominal value DKK 1 per	ASND	The Nasdaq Stock Market LLC

Securities registered or to be registered pursuant to Section 12(g) of the Act: None

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act: None

---

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:

53,750,386 ordinary shares
(as of December 31, 2020)

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. ☒ Yes ☐ No

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934. ☐ Yes ☒ No

Note – Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. ☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). ☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "large accelerated filer," "accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow: ☐ Item 17 ☐ Item 18

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). ☐ Yes ☒ No

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General

As used herein, references to "we", "us", the "company", "Ascendis", or "Ascendis Pharma", or similar terms in this Annual Report on Form 20-F shall mean Ascendis Pharma A/S and, as the context requires, its subsidiaries.

Our consolidated financial statements are presented in euros except where otherwise indicated, and are prepared in accordance with International Financial Reporting Standards, or IFRS, as issued by the International Accounting Standards Board, or IASB. All references in this annual report to "Dollars", "USD" and "$" are to U.S. Dollars, and all references to "euro", "EUR" or "€" are to European Union euro. Throughout this annual report, references to ADSs mean ADSs or ordinary shares represented by ADSs, as the case may be.

Special Note Regarding Forward-Looking Statements

This annual report contains forward-looking statements concerning our business, operations and financial performance and condition, as well as our plans, objectives and expectations for our business operations and financial performance and condition. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "aim," "anticipate," "assume," "believe," "contemplate," "continue," "could," "due," "estimate," "expect," "goal," "intend," "may," "objective," "plan," "predict," "potential," "positioned," "seek," "should," "target," "will," "would," and other similar expressions that are predictions or indicate future events and future trends, or the negative of these terms or other comparable terminology. These forward-looking statements include, but are not limited to, statements about:

- the timing or likelihood of regulatory filings and approvals for our product candidates, including our expectations regarding approval of our Biologics License Application and Marketing Authorization Application for TransCon Growth Hormone, or TransCon hGH or lonapegsomatropin (the adopted nonproprietary name for TransCon hGH), lonapegsomatropin for the treatment of pediatric GHD;
- the scope, progress, results and costs of developing our product candidates or any other future product candidates, and conducting preclinical studies and clinical trials;
- our pursuit of oncology as our second of three independent therapeutic areas of focus, and our development of a pipeline of product candidates related to oncology;
- our expectations regarding the potential market size and the size of the patient populations for our product candidates, if approved for commercial use;
- our expectations regarding the potential advantages of our product candidates over existing therapies;
- our ability to enter into new collaborations;
- our expectations with regard to the ability to develop additional product candidates using our TransCon technologies and file Investigational New Drug Applications, or INDs, or similar for such product candidates;
- our expectations with regard to the ability to seek expedited regulatory approval pathways for our product candidates, including the potential ability to rely on the parent drug's clinical and safety data with regard to our product candidates;
- our expectations with regard to our current and future collaboration partners to pursue the development of our product candidates and file INDs or similar for such product candidates;
- our development plans with respect to our product candidates;
- our ability to develop, acquire and advance product candidates into, and successfully complete, clinical trials;

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- the commercialization of our product candidates, if approved;
- our commercialization, marketing and manufacturing capabilities of our product candidates and associated devices;
- the implementation of our business model and strategic plans for our business, product candidates and technologies;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates;
- estimates of our expenses, future revenue, capital requirements, our needs for additional financing and our ability to obtain additional capital;
- our financial performance;
- developments and projections relating to our competitors and our industry; and
- the effects on our business of the worldwide COVID-19 pandemic.

These forward-looking statements are based on senior management's current expectations, estimates, forecasts and projections about our business and the industry in which we operate and involve known and unknown risks, uncertainties and other factors that are in some cases beyond our control. As a result, any or all of our forward-looking statements in this annual report may turn out to be inaccurate. Factors that may cause actual results to differ materially from current expectations include, among other things, those listed under the section of this annual report titled "Item 3.D—Key Information —Risk Factors" and elsewhere in this annual report. You are urged to consider these factors carefully in evaluating the forward-looking statements. These forward-looking statements speak only as of the date of this annual report. Except as required by law, we assume no obligation to update or revise these forward-looking statements for any reason, even if new information becomes available in the future. Given these risks and uncertainties, you are cautioned not to rely on such forward-looking statements as predictions of future events.

You should read this annual report and the documents that we reference in this annual report and have filed as exhibits to this annual report completely and with the understanding that our actual future results may be materially different from what we expect. You should also review the factors and risks we describe in the reports we will file or submit from time to time with the SEC after the date of this annual report. We qualify all of our forward-looking statements by these cautionary statements.

Summary of Material Risks Associated with Our Business

The principal risks and uncertainties affecting our business include the following:

- The global pandemic caused by COVID-19 could materially adversely impact our business, including our clinical trials, supply chain operation, regulatory timelines and commercial activities.
- We have a limited operating history, no products approved for commercial sale and we may incur significant losses in the future, which makes it difficult to assess our future viability.
- We may require substantial additional financing to achieve our goals, and a failure to obtain this necessary capital when needed on acceptable terms, or at all, could force us to delay, limit, scale back or cease our product development or any other or all operations.
- We are substantially dependent on the success of our product candidates, which may not be successful in nonclinical studies or clinical trials, receive regulatory approval or be successfully commercialized.
- Clinical drug development involves a lengthy and expensive process with uncertain outcomes, and we may encounter substantial delays in our clinical studies. Furthermore, results of earlier studies and trials may not be predictive of results of future trials.

- Interim, "topline" and preliminary data from our clinical trials that we announce or publish from time to time may change as more patient data become available and are subject to audit and verification procedures that could result in material changes in the final data.
- We have limited direct sales and distribution capabilities and no sales experience with any of our own product candidates and we may not be able to successfully commercialize any of our product candidates.
- Competition in the biotechnology and pharmaceutical industries is intense and our competitors may discover, develop or commercialize products faster or more successfully than us. If we are unable to compete effectively our business, results of operations and prospects will suffer.
- We rely on third parties to manufacture our preclinical and clinical drug supplies, and we intend to rely on third parties to produce commercial supplies of any approved product candidate and device.
- Our operating results may vary significantly from period to period and these variations may be difficult to predict.
- The parent drug, drug substance, drug product and other components of our product candidates are currently acquired from single-source suppliers. The loss of these suppliers, or their failure to supply could materially and adversely affect our business.
- The regulatory approval processes of the U.S. Food and Drug Administration, the European Medicines Agency and comparable authorities are lengthy, time consuming, and inherently unpredictable. If we are ultimately unable to obtain regulatory approval for our product candidates, our business will be substantially harmed.
- If we are sued for infringing intellectual property rights of third parties, it will be costly and time consuming, and an unfavorable outcome in that litigation could harm our business.

The summary risk factors described above should be read together with the text of the full risk factors below in the section entitled "Risk Factors" and the other information set forth in this Annual Report on Form 20-F, including our consolidated financial statements and the related notes, as well as in other documents that we file with the U.S. Securities and Exchange Commission. The risks summarized above or described in full below are not the only risks that we face. Additional risks and uncertainties not precisely known to us or that we currently deem to be immaterial may also materially adversely affect our business, financial condition, results of operations, and future growth prospects.

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cytokinetics, Incorporated

Physical Address: 350 Oyster Point Boulevard

City: South San Francisco State: CA Zip: 94080

Mailing Address (if different from physical address): 350 Oyster Point Boulevard

City: South San Francisco State: CA Zip: 94080

Telephone: (650) 624-3000 Website: https://cytokinetics.com/

Name of Designated Representative (DR): Robert Blum

Licensing Company Email: licensing@cytokinetics.com DR Email: licensing@cytokinetics.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Cytokinetics, Inc.

Corporation Name: Cytokinetics, Incorporated

Mailing Address: 350 Oyster Point Boulevard

City: South San Francisco State: CA Zip: 94080

Telephone: (650) 624-3000 Email: licensing@cytokinetics.com

Contact Person Name: Robert Blum

Date of SEC Registration: See Attached | SEC Registration Number: See Attached | Stock Exchange Symbol: CYTK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Blum

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/4/22

Date

Board Use Only	Date Received: _____	Amount: _____

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8014

ISSUE DATE SEPTEMBER 30, 2021

CYTOKINETICS, INCORPORATED

350 OYSTER POINT BLVD
SOUTH SAN FRANCISCO CA 94080

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
POLINA ILINICHNA GERMAN — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8014

NAME: CYTOKINETICS, INCORPORATED

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

350 OYSTER POINT BLVD
SOUTH SAN FRANCISCO CA 94080
SAN MATEO COUNTY

ISSUANCE DATE

SEPTEMBER 30, 2021

EXPIRATION DATE

SEPTEMBER 1, 2022

CURRENT DATE / TIME

FEBRUARY 18, 2022
2:22:02 PM

LICENSE RELATIONSHIPS

NAME: GERMAN, POLINA ILINICHNA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 58145 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYTOKINETICS, INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYTOKINETICS, INCORPORATED" WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

2781626 8300

SR# 20220290148

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202518610

Date: 01-28-22

Apostille

(Convention de La Haye du 5 Octobre 1961)

1. *Country: United States of America*

This public document:

2. *has been signed by Jeffrey W. Bullock*

3. *acting in the capacity of Secretary Of State Of Delaware*

4. *bears the seal/stamp of Office Of Secretary Of State*

Certified

5. *at Dover, Delaware*

6. *twenty-eighth day of January, A.D. 2022*

7. *by Secretary of State, Delaware Department of State*

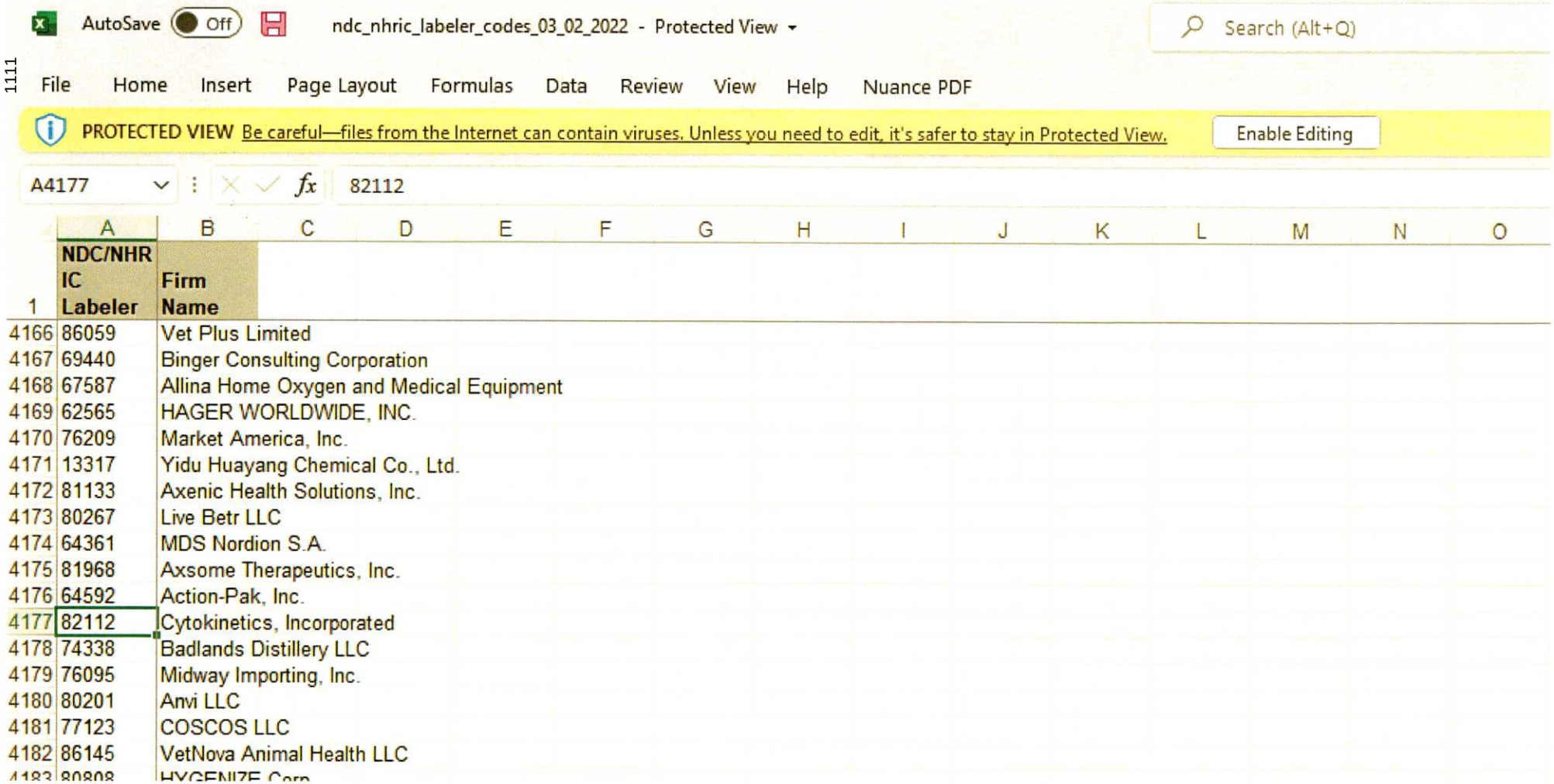
8. *No.202518611*

9. *Seal/Stamp:*



10. *Signature:*

Jeffrey W. Bullock, Secretary of State



	A	B
1	NDC/NHRIC Labeler	Firm Name
4166	86059	Vet Plus Limited
4167	69440	Binger Consulting Corporation
4168	67587	Allina Home Oxygen and Medical Equipment
4169	62565	HAGER WORLDWIDE, INC.
4170	76209	Market America, Inc.
4171	13317	Yidu Huayang Chemical Co., Ltd.
4172	81133	Axenic Health Solutions, Inc.
4173	80267	Live Betr LLC
4174	64361	MDS Nordion S.A.
4175	81968	Axsome Therapeutics, Inc.
4176	64592	Action-Pak, Inc.
4177	82112	Cytokinetics, Incorporated
4178	74338	Badlands Distillery LLC
4179	76095	Midway Importing, Inc.
4180	80201	Anvi LLC
4181	77123	COSCOS LLC
4182	86145	VetNova Animal Health LLC
4183	80808	HYGENIZE Corp

Verified
MS
3/3/22

From: Rachel Melman
To: Kara Cabigon
Subject: FW: Labeler Code Request Approved
Date: Friday, July 16, 2021 9:07:47 AM

Hi Kara,

Labeler code approved, as shown below.

Kind regards,

Rachel

RACHEL E. MELMAN, MBS RAC
SENIOR DIRECTOR, REGULATORY AFFAIRS

Cytokinetics, Inc.
280 East Grand Avenue
South San Francisco, CA 94080
office +1 650 624 3063
mobile +1 310 266 3733
fax +1 650 624 3287

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Friday, July 16, 2021 5:04 AM
To: Regulatory Affairs <regaffairs@cytokinetics.com>
Subject: Labeler Code Request Approved

EXTERNAL SENDER: Please use caution as this message is from someone outside of Cytokinetics.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-JUL-2021
Labeler DUNS: 022799402
Labeler Name: Cytokinetics, Incorporated
Labeler Code Assigned: 82112

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

CONFIDENTIALITY NOTICE:

This email message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any review, use, distribution or disclosure by others is prohibited. If you are not the intended recipient, please contact the sender by reply email and delete all copies of this message. Please be advised that the content of this message is subject to access, review and disclosure by the sender's email system administrator.

Cytokinetics

DESCRIPTION OF OPERATIONS

Cytokinetics, Incorporated is a late-stage biopharmaceutical company focused on discovering, developing, and commercializing first-in-class muscle activators and best-in-class muscle inhibitors as potential treatments for people with debilitating diseases in which muscle performance is compromised and/or declining. A leader in muscle biology research with more than 60 publications, over 50 clinical trials, and hundreds of issued patents, Cytokinetics, Incorporated is developing small molecule drug candidates specifically engineered to impact muscle function and contractility.

THIRD-PARTY LOGISTICS

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Road Ste. 200
La Vergne, TN 37086

CONTRACT MANUFACTURERS

Cytokinetics, Incorporated uses the following contract manufacturer to produce product:

Patheon Inc.
2100 Syntex Court
Mississauga, Ontario, Canada L5N 7K9
FEI Number: 3000264888
FEIN Expiration Date: 12/31/2021

PRODUCTS

As a virtual manufacturer, Cytokinetics,Incorporated does not manufacture, distribute, or store product at their California facility. At no time do contract manufacturers own Cytokinetics, Incorporated products, contract with Cytokinetics,Incorporated customers, invoice or sell Cytokinetics,Incorporated products. Cytokinetics,Incorporated does not have products that are Controlled Substances. Accordingly, Cytokineticsc,Incorporated is not required to maintain DEA Registration.

Labeler Code: 82112

Cytokinetics

OWNERSHIP

Cytokinetics, Inc , is a publicly-held, California based, pharmaceutical company that plans to commercialize pharmaceutical drugs across the United States.

Cytokinetics, Inc is publicly traded on NASDAQ-stock exchange under the symbol- CYTK

COMPANY INFORMATION

Cytokinetics, Inc
350 Oyster Point Boulevard
South San Francisco, California 94080
Phone: (650) 624-3000
www.cytokinetics.com
licensing@cytokinetics.com

State of Formation: Delaware
Date Incorporated: 08/05/1997

CORPORATE OFFICERS

Andrew Michael Callos, EVP & Chief Commercial Officer
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]

Robert Ian Blum, President & CEO
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]
Percent Ownership: 2%

Fady Ibrahim Malik, Executive Vice President, Research & Development
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]
Percent Ownership: 1%

David Walton Cragg, Chief Human Resources& Administration Officer
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]
Percent Ownership: 1%

Mark Alan Schlossberg, SVP, Legal & General Counsel
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]
Percent Ownership: .1%

Ching W Jaw, Chief Financial Officer
350 Oyster Point Boulevard
South San Francisco, CA 94080
[redacted]

Robert I. Blum

San Francisco, CA 94118 • [redacted] (m) • [redacted]@cytokinetics.com

Summary

Passionate builder and tenured leader of emerging growth life science companies. Dedicated to improving the lives of patients suffering from severe diseases while creating sustainable, high growth enterprise value for shareholders. Executive management experience across biopharma and pharma industries, including over 10 years as CEO of a publicly-traded company. Multiple successes in launching innovative drug discovery platforms and scaling R&D operations, architecting corporate development strategies, overseeing fundraising, negotiating major business development alliances, leading commercial development planning and sales and marketing for category leading products. Industry veteran managing high performance senior management teams. Demonstrated leadership through disciplined corporate governance/Board oversight.

Key Achievements

- Partnered with academic and industry scientists to conceive, launch and lead pioneering biopharma companies that have discovered, developed and commercialized > 20 novel drug candidates/products.
- Led initial fundraising, operations, planning and partnering at Cytokinetics; led strategic re-positioning as new CEO and re-launch resulting in refined focus evident in 5 first-in-class development programs.
- Raised >$1 billion in private/public equity financings, strategic partnership and royalty monetization.
- Built commercial development infrastructure at COR and managed launch activities of Integrilin® that achieved #1 category share (> $500 million) vs. earlier-to market products from Merck, Lilly, and J&J.
- Managed deployment/analytics associated with pharma industry's first field-based computer call reporting systems as well as initial direct-to-consumer and managed care marketing campaigns.

Professional

Cytokinetics, Inc., South San Francisco, CA

President & CEO (2007-2021)
President (2006-2007)
EVP, Business Development (2004-2006)
SVP, Finance and Business Development (2001-2004)
VP, Finance and Business Development and CFO (1998-2001)

Launched and lead the leading cytoskeletal biology/muscle pharmacology biopharma discovery and development company. Over 20 years, I have managed all key functions including R&D, Legal, Finance, Business Development and Commercial Planning. Cytokinetics has pioneered small molecule drug discovery and development with focus to the mechanics of muscle contractility resulting in a current pipeline of first-in-class drug candidates directed to diseases of severe muscle dysfunction (e.g., ALS and SMA) as well as conditions associated with muscle weakness and aging (e.g., heart failure, COPD, sarcopenia, frailty).

- Established high throughput suite of biochemical/cell-based imaging assays to screen small molecule compounds against cytoskeletal molecular targets formatted as reconstituted multi-protein complexes.
- Developed instrumentation, pharmacologic methods and informatics to track mechano-chemical activities, digitized cell phenotypes, and pharmacodynamic markers for *in vitro/in vivo* translation.
- Advanced >15 potential drug candidates to IND-enabling studies; >10 drug candidates into clinical trials.
- Oversaw conduct of >50 clinical trials with lead, back-up and follow-on mechanism drug candidates.
- Negotiated benchmark strategic alliances with GlaxoSmithKline (2001), Amgen (2006, 2013), Astellas (2013, 2014, 2016) and Royalty Pharma (2017). Current deals have brought in >$500 million in upfronts, sponsored R&D and milestone payments; eligible for >$500 million in pre-commercial milestone payments, >$500 million in post-commercial milestone payments, and royalties >20% of sales.

- Raised >$500 million in equity financings and >$200 million in royalty monetization/growth capital deals
- Lead corporate development/portfolio management/strategic planning and corporate development activities to ensure the company is positioned to commercialize novel drug products across tractable market segments in North America and Europe for both cardiovascular and skeletal muscle verticals.
- Spun-out research into NASDAQ: MYOK and incubated NASDAQ: GBT, both with Third Rock Ventures.

COR Therapeutics, Inc., South San Francisco, CA

Director, Marketing (1995-1998)
Director, Business Development (1991-1995)

Early employee in thrombosis/platelet biology focused biopharmaceutical company. Participated in research planning, project management, budgeting, strategic planning and forecasting. Managed in-licensing, business development and commercial planning activities leading to the launch of Integrilin®.

- Negotiated industry pioneering strategic alliances with Eli Lilly (1991, 1993), Kyowa Hakko (1992), Johnson & Johnson (1994) and Schering Plough (1995). Deals contributed payments >$500 million.
- Oversaw commercial development, market research, product management, advertising and promotion.

Marion Laboratories, Inc., Kansas City, MO

Manager, Marketing Information Services (1987-1989)
Pharmaceutical Sales Representative (1985-1987)

Participated in launch of Cardizem®. Leading sales representative based on growth/market share. Promoted to lead new department overseeing customer targeting, sales reporting, market analytics, etc.

Syntex Laboratories, Inc., Palo Alto, CA

Business Planning and New Product Planning (1982-1985)

Performed market research, forecasting and analytics to support new cardiovascular business initiatives.

Education

Harvard Business School, Cambridge, MA

Master of Business Administration (1991)

Founded and led the health care club for students to prepare for careers in the health care industry.

Stanford University, Palo Alto, CA

Bachelor's Degrees in Human Biology and Economics (1985)

Designed new curriculum around recombinant DNA, genetic engineering and business affording internships.

Other

- Co-Chaired BIO Business Development Committee; Duke Health Sector Advisory Council
- Served on Board of the American Committee of the Weizmann Institute of Science. Established Blum Family Venture Philanthropy Fund to incubate start-up's and propel innovation in Israel.
- Established Tikkun Olam Youth Science Prizes for Bay Area schools to further science education.
- Served on the Board of the Jewish Community Federation of San Francisco. Founded and Chaired Business Leadership Council. Served on the Board of San Francisco's Contemporary Jewish Museum. Currently serve on the Board of Jewish Family and Children's Services in San Francisco.
- Honored by ALS Association, Prize4Life, ALS-TDI and MDA for leadership in fight against ALS.
- Henry Crown Fellow of the Aspen Institute; member Aspen Global Leadership Network
- Married to Dana Blum and father to daughters, Brittany Blum (age 26) and Bridget Blum (age 24)

Employee Name
Adams, LaWandra
Allegra, Patrizia
Allen, Esther
Alvarez, Louis
Andersen, Denise
Ashcraft, Luke
Auclair, Gregory
Baker, Brian
Balbuena, Silvia
Baranowski, Susan Elizabeth
Bat-Erdene, Anand
Becker, Mark
Berner, Joyce
Bilange, Eva
Binder, Gary
Blum, Robert
Bolata, Ioana
Bondy, Cheryl
Brekke, Johan Fredrik
Brey, Christopher
Brown, Anneline
Brown, Claude
Callos, Andrew
Carmignani, Michael
Casper, Daniel Raymond
Charpentier, Bonnie
Chellew, Brian
Chen, Daniel
Chen, Huiqing
Chen, Zhuoning
Chiu, Wing Keung Michael
Chuang, Chihyuan
Cole, Daniel
Collibee, Scott
Controy, Tina
Cook, Steven
Coronado, Michael
Cragg, David
D'Amico, Anthony Richard
Derosier, Andre
Deshmukh, Anand
Devis, Lorraine
DiNapoli, YulyMae
Divanji, Punag
Doty, Rose Marie
Dow, Jasmine
Duddy, Mark
Dumitrescu, Camelia
Duncan, Detra
Durham, Nicquanna

Edell, Samantha
Ellero, Cinzia
Engst, Stefan
Erby, Kimberly
Evans, Christopher
Fang, Jinshu
Faurescu, Ioan Octavian
Ferris, Patrick
Fillman, Thomas
Fine, Donunique
Finley, Kathleen
Forsey, Aronda
Fowler, Daniel
Freeman, Elyce
Gabrhel, Pascaline
Gali, Revathi
Galloway, Conard
Gao, Jeff
Garard, Marc Andrew
Garcia, Alfredo
Gebrehiwet, Paulos
German, Polina
Glandt, Blaine Peter
Goldvekht, Oleg
Goodwin, Laura
Gowgani, Farah
Grospe, Jennifer
Gschwind, Laura
Guo, Xuan
Hartman, James
Hauser, Markus
Healy, Colleen
Hegstad, Charlie
Heitner, Stephen B
Herbert, Victoria
Hernandez, Blake
Hiser, Kenneth
Ho, Jack
Howard, Jeff
Huang, Pei-Shan
Hutchinson, Kirk
Hwee, Darren
Iwan, Bartlomiej
Jaw, Ching
Jennings, Kyle
Jordan, Scott
Jovic, Florence
Jung, Gloria
Kates, Daniel
Kennedy, Yasmine
Kim, Leo

Kociol, Robb
Korhonen, Kathryn
Kupfer, Stuart
Labib, Louna
Laughlin, Holly
Laux, Jennifer
Lee, Jacqueline
Lee, Kate
Leung, Cecilia
Leung, Janet
Leung, Robert
Li, Maybo
Liu, Laura
Liu, Yonggang
Lo, Georgina
Lopez, Rogelio
Lotz, Jeffrey
Lu, Pu-Ping
Lu, Qing
Luong, Kenken
Ly, Eileen
Madhvani, Roshni
Malik, Fady
Mani, Govini
Marbella, Anna
Martinez, Pamela
McCall, Athena
McCullough, Kathleen Lauren-Jordan
McFall, John Patrick
McKenna, Lori Anne
Melman, Rachel
Meng, Lixin
Mersman, Joan
Michel, Joseph P
Middlen, Robert
Miller, Erin Donnelly
Mokkala, Priyanka Shanker
Morgan, Bradley
Muhlebach, Olga
Munagala, Narsimha
Murphy, Anne
Murphy, Christine
Nakata, Ailene
Nelson, Mary Lou
Neuman, William Richey
Ng, Alexander
Ngo, Yvonne
Nguy, Michelle
Nguyen, Cuong
Nguyen, Quynh-Anh
Nguyen, Thu

Nijjar, Amandeep
Nishioka, Leslie
Paige, Sharon
Palkar, Rima Ketan
Panuncio, Rose Ann
Parameswaran, Neeraja
Parikh, Shilpa Ushakant
Patel, Krishna
Patel, Reenal
Perez, Nicholas
Petro, Michael John
Pfaff, Bruce
Pomerantz, Mary
Potestio, Diann
Pugsley, Michael
Punjabi, Shrina Patel
Qiao, Chunsheng
Raval, Manmeet
Reehil, Kenna
Robbie, Edward
Robinson, Laura
Robison, Marshall
Romero, Antonio
Rose, Kevin
Rudnicki, Stacy
Ryans, Julie
Salazar, Joseph
San Antonio, Shirley
Sandoval, Paul
Sarkar, Saswata Sankar
Sawatdee, Jaric
Sbragia Stoner, Raquel
Schlossberg, Mark
Schnek, Geraldine Genetiano
Schnieders, Elisabeth
Scott, Jonathan
Shah, Jigisha
Sharma, Rishi
Shen, Minxing
Shih, Lu-Min
Shum, Jamie Pui Man
Sideris, Steve
Siegall, Joanna
Simon, Carlos
Smith, Ira James
Smoot, Jeanelle
Solanki, Priyanka
Staton, Elizabeth
Stewart, Jeffrey O'Neal
Stuewe, Steven
Taylor, Robert

Teerlink, Richard
Terhaerdt, Eric
Terry, Susan
Thakkar, Harsh
Thomsen, Karen
Tislow, James
Tom, Norma
Trinh, Kenneth
Truong, Sy Jonathan-Tien
Tugcu, Aylin
Uricchio, Paul
Van, Bob
Vangavaragu, Jhansi
Vu, Lucie
Wang, Wenyue
Wei, Hsiao-Lan
Weiser, Diane
Willems, Jason
Wohltman, Qi
Wolff, Andrew A.
Wong, Robert
Woodworth, Katherine
Wootla, Divya Shanthi
Wu, Yangsong
Xu, Donghong
Yamasaki, Makoto
Yan, Hui
Yang, Matthew
Yau, Kwok Pan
Yco, Lisette
Yee, Leonard Martin
Yo, Katie
Youssefi, Edessa
Yurek, Ellen
Zamora, Jeanelle
Zhong, Jannie

Job Title
Associate Director, Purchasing
Senior Director, EU Market Planning, Neuro
Executive Assistant
Associate Director, Thought Leader Liaison
Director, Chemical Development & Drug Substance
Senior Research Scientist
Director Medical Science
Director, IT Enterprise Applications
Senior Shipping and Receiving Associate
Associate Director, HCP Promotion
Research Associate I
Technical Scientist II
Senior Director, Project Management
Corporate Communications & IR Coordinator
Senior Director, Health Economics & Outcomes Research
CEO
Senior Drug Safety Case Manager
National Account Director
Director Medical Science
Senior Director, Facilities and EH&S
Operations Coordinator
Senior Director, IT Infrastructure & Operations
EVP, Chief Commercial Officer
Paralegal II
VP, Information Technology
SVP, Regulatory & Compliance
Senior Manager, Finance & Controller of G&A
Informatics Developer III
Principal Statistical Programmer
Director, Statistical Programming
Associate Director, Biostatistics
Director, Medicinal Chemistry
Senior Director, Access Strategy & Program Development
Senior Director, Medicinal Chemistry
Director, Community Cardiology
SVP, Commercial Supply Chain
Research Scientist III
Chief Human Resources & Administration Officer
Director, Forecasting & Analytics
Technical Scientist I
Senior Manager, Clinical Data Management
Manager, Accounts Payable
Senior Director, Human Resources
Associate Medical Director, Clinical Research Cardiovascular
National Account Director
Senior Clinical Outsourcing Manager
Senior Director, Payer Account Management
Head of Drug Safety and Pharmacovigilance
Manager, Finance CR&D and Regulatory
Technical Scientist I

Senior Research Associate
Director, Medical Writing
Principal Scientist
Director, Clinical Operations
Research Scientist II
Senior Research Associate
Senior Director, Legal Counsel
Senior Manager, Medical Affairs Operations
Associate Director Medical Scientist
Research Associate I
Senior Director, Commercial Transformation
Director, Omni-Channel Marketing
Senior Director, Technical Operations
Outcome Science Liaison
Senior Paralegal and Contracts Manager
Sr. Drug Safety Specialist
Federal Account Director
Director, CMC Analytical Chemistry
Cheminformatics Developer III
Research Scientist II
Manager, Health Economics and Outcomes Research
Head of Clinical Pharmacology
Associate Director, Quality Assurance
Senior Maintenance Associate
Associate Director Medical Scientist
Associate Director, Clinical Operations
Senior Research Associate
Director, Marketing Communications
Senior Manager Finance Systems and FP&A
Senior Research Fellow
Director, Commercial Analytics & Business Intelligence
Director, Thought Leader Liaison
Commercial Operations Specialist
Therapeutic Area Lead - Cardiovascular
Senior Manager, Regulatory Affairs
Senior Manager, Accounting
Director, Clinical Data Management
National Account Director
Associate Director, Budget Planning, Forecasting and Portfolio Management
Research Associate II
Associate Director Medical Scientist
Director, Pharmacology
Research Associate I
SVP, Finance and CFO
Clinical Trials Manager I
SVP, Global Marketing & Commercial Strategy
Senior Director, Patent Counsel
Director, Legal Counsel
VP, Medical Affairs
Quality Manager, eQMS
Senior Research Associate

Senior Director, Medical Affairs Cardiovascular
Lab Manager/RA III
SVP, Chief Medical Officer
Director, Regulatory Affairs
Senior Director, Finance & Corporate Controller
VP, Cardiovascular Marketing
Senior Director, Clinical Operations
Invivo Tech II
Associate Director, SOX & Internal Audit
Executive Assistant
Clinical Trials Manager II
Informatics Developer I
Research Scientist III
Research Scientist II
Director, Clinical Quality Assurance
Animal Care & Vivarium Operations Tech III
VP, US Sales and Operations
Senior Research Scientist
Technical Scientist I
Technical Scientist I
Clinical Trials Manager II
Research Scientist I
EVP, Research & Development
Senior Manager, Scientific Communications
Manager, Clinical Supply Chain
Executive Assistant
Senior Manager, QA Manufacturing Support
Clinical Trials Manager I
Associate Director, Talent Acquisition
Associate Director, Thought Leader Liaison
Senior Director, Regulatory Affairs
Senior Director, Clinical Biometrics
Receptionist & Facilities Coordinator
Director, Informatics
Director, Market Research and Competitive Intelligence
VP, Portfolio & Project Management
Senior Regulatory Operations Associate
SVP, Research and Non-Clinical Development
Clinical Trials Manager II
Principal Scientist
VP, Biology
Associate Director Medical Scientist
Manager, Clinical Data Management
Senior Manager, eQMS
Senior Director, Medical Affairs
Clinical Trials Manager II
Senior Manager, Technical Operations/Clinical Supply Chain
Associate Director, Payroll and Stock Administration
Senior Lab Manager
Technical Scientist II
Senior Lab Manager

Senior Lab Manager
Senior Manager, Finance R&D and Pre-Clinical
Associate Medical Director, Clinical Research Cardiovascular
Research Scientist I
Senior Human Resources Specialist
Project Manager
Senior Director, New Product Planning, CV Franchise
Associate Director Medical Scientist
Outcome Science Liaison
Human Resources Coordinator
Senior Director, CV Franchise Strategy and Thought Leader Liaison
Senior Director, Trade & Distribution
Director, Advocacy
VP, Global Value, Access & Distribution
Director, Toxicology
Associate Director, Clinical Operations
Director, Formulation
Research Scientist I
Senior Director, OM Global Marketing
Manager, Clinical Operations
Director, Drug Safety
Senior Buyer
Associate Director, Medicinal Chemistry
National Account Director
Therapeutic Area Lead - Neuromuscular
Manager, In Vivo Research Operations
Senior Director, Commercial Finance
Senior Accounts Payable Specialist
Director, Advanced Analytics and Data Science
Research Scientist I
Research Associate II
Executive Assistant
SVP, Legal & General Counsel
Research Associate I
SVP, Business Development
National Account Director
Manager, Regulatory Affairs
Research Scientist III
Research Scientist II
Research Associate II
Senior Director, Total Rewards & Operations
Senior Research Associate
Senior Manager, Corporate Communications & IR
Site Operations Associate
Senior Director, External Innovation
Research Associate I
Sr. Drug Safety Specialist
Director, Information Technology - Commercial and Medical Affairs
Buyer
Associate Director Medical Scientist
Director, Patient Marketing

Informatics Developer II
VP, Development Operations
Senior Manager, Clinical Quality Assurance
Associate Director, QA GxP Electronic System
Director, Pharmacology Services
Director Medical Science
Senior Director, CMC
Director, Human Resources Business Partner
Associate Director, Statistical Programming
Director, Medical Affairs Cardiovascular
Director, Hospital Marketing
Human Resources Operations Specialist
Senior Research Scientist
Associate Director, Scientific & Medical Communications
Technical Scientist I
Director, Biostatistics
SVP, Corporate Communications & Investor Relations
Associate Director, Project Management
Director, Biostatistics
SVP Senior Fellow, Clinical Research and Development
VP, Chief Accounting Officer
Executive Assistant (CEO)
IT Business Solutions Lead
Senior Research Associate
Associate Director, Clinical Pharmacology
Research Associate III
Associate Director, Clinical Operations
Senior Director, Corporate Finance and FP&A
Associate Director, Formulation
Research Associate II
Executive Assistant
Executive Assistant
Senior Manager, Regulatory Operations
Senior Director, Project Management
Senior Research Associate
Senior Accountant

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

Mark One)

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2018

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

From the transition period from __ to __

Commission file number: 000-50633

CYTOKINETICS, INCORPORATED

(Exact name of registrant as specified in its charter)

Delaware	**94-3291317**
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*
280 East Grand Avenue South San Francisco, CA	**94080**
(Address of principal executive offices)	*(Zip Code)*

(650) 624-3000
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of each exchange on which registered
Common Stock, $0.001 par value	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act:
None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the Registrant has submitted electronically Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§ 229.405 of this chapter) is not contained herein, and will not be contained, to the best of the Registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☑

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐ Accelerated filer ☑ Non-accelerated filer ☐ Smaller reporting company ☑
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the voting and non-voting common equity held by non-affiliates was $449.7 million, computed by reference to the last sales price of $8.30 as reported by the Nasdaq Market as of June 29, 2018. This calculation does not reflect a determination that certain persons are affiliates of the Registrant for any other purpose. The number of shares of common stock held by non-affiliates excluded 415,221 shares of common stock held by directors, officers and affiliates of directors. The number of shares owned by affiliates of directors was determined based upon information supplied by such persons and upon Schedules 13D and 13G, if any, filed with the SEC. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the Registrant, that such person is controlled by or under common control with the Registrant, or that such persons are affiliates for any other purpose.

The number of shares outstanding of the Registrant's common stock on March 5, 2019 was 54,888,369 shares.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's Proxy Statement for its 2019 Annual Meeting of Stockholders to be filed with the Securities and Exchange Commission, no later than 120 days after the end of the fiscal year, are incorporated by reference into Part III of this Annual Report on Form 10-K.

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of application (check applicable box)

☒ New Wholesaler
☐ Ownership Change
☐ Name Change
☐ Location Change (in-state only)

* If making a change, provide current license number:
WH _____

What is the business type of the applicant?

☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: Contact Information

Facility Name: Johnson & Johnson Vision Care, Inc.
Physical Address: 7500 Centurion Parkway
City: Jacksonville State: FL Zip: 32256
Mailing Address (if different from physical address): Same as physical address.
City: _____ State: _____ Zip: _____
Telephone: (904) 443-3500 Website: www.jjvision.com
Name of Designated Representative (DR): William J. Puskas Jr.
Licensing Company Email: RA-VISUS-JJVCI-StateLicenses@its.jnj.com DR Email: wpuskas@its.jnj.com

Entities the Wholesaler will serve

☒ Pharmacies
☒ Practitioners
☐ Hospitals
☒ Wholesalers
☐ Others:

Products to be Distributed by Wholesaler

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Controlled Substances
☐ Hypodermic Devices
☐ Veterinary Legend Pharmaceuticals
☐ Others:

Section 2: Disclosure Questions

		Yes	No
1.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - no pharmaceutical products are sold, dispensed or distributed (Rx devices only).

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Florida (applicant - Johnson & Johnson Vision Care, Inc.), New Jersey (parent company - Johnson & Johnson)

Parent Company (if any): Johnson & Johnson

Corporation Name: Johnson & Johnson Vision Care, Inc.

Mailing Address: 7500 Centurion Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: (904) 443-3500 Email: RA-VISUS-JJVCI-5tateLicenses@its.jnj.com

Contact Person Name: William J. Puskas Jr.

Date of SEC Registration: 1/23/1996	SEC Registration Number: 200406 (CIK)	Stock Exchange Symbol: JNJ

Section 5: Non-Publicly Traded Corporation N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - Applicant is a wholly-owned subsidiary of a publicly traded company.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment B		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. See Attachment C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - Applicant is a wholly-owned subsidiary of a publicly traded company.		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - Applicant is a wholly-owned subsidiary of a publicly traded company.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered. N/A				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William J. Puskas Jr.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/2/21

Date

Board Use Only	Date Received: _____	Amount: 500 cc

processed 12/17/21

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
JOHNSON & JOHNSON VISION CARE, INC.
Business Trade Name:
D/B/A VISTAKON

7500 Centurion Parkway
JACKSONVILLE, FL 32256
Registration Number: 1057985
FEI Number*: 1000222023
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Johnson & Johnson Vision Care, Inc.[6]
7500 CENTURION PKWY
Jacksonville, FL US 32256
Owner/Operator Number: 1024871[7]

Official Correspondent:
Catherine Dillon
7500 CENTURION PKWY
Jacksonville, FL 32256
Phone: 904-4433180

Verified 12/17/21

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1024871&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1024871&OwnerOperator

Page Last Updated: 07/05/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

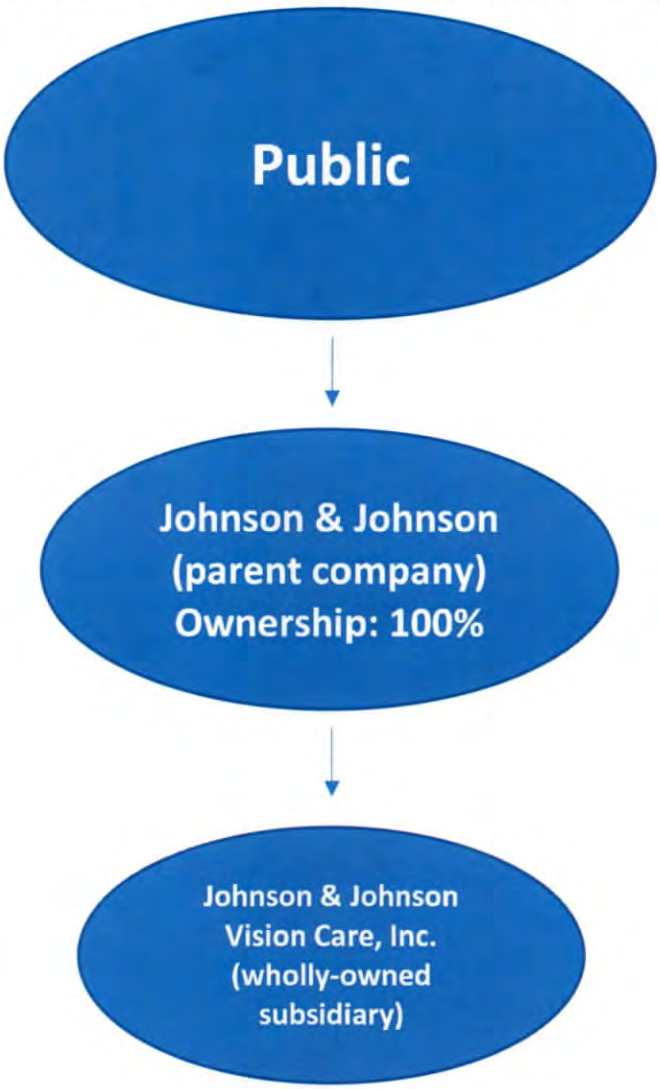
U.S. Department of **Health & Human Services**

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4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1024871&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1024871&OwnerOperator

Attachment B

Organizational Chart and Corporate Officer/Director Information



Corporate Officers:

Peter Menziuso
President

Lisa Roberts
Secretary

Gaspar Zuniga
Vice President, Supply Chain

Charles Shovlin
Treasurer

Directors:

Peter Menziuso
Lisa Roberts
Thomas Swinnen

Employee List

Johnson & Johnson Vision Care, Inc.

Corporate Officers:

Peter Menziuso
President

Lisa Roberts
Secretary

Gaspar Zuniga
Vice President, Supply Chain

Charles Shovlin
Treasurer

Directors:

Peter Menziuso
Lisa Roberts
Thomas Swinnen

Designated Representative:

William J. Puskas Jr.
Senior Distribution Manager

*No other individuals have undue influence over the day-to-day operations of the facility.

Attachment C

Florida Certificate of Good Standing

State of Florida
Department of State

I certify from the records of this office that JOHNSON & JOHNSON VISION CARE, INC. is a corporation organized under the laws of the State of Florida, filed on March 7, 1962.

The document number of this corporation is 256675.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 26, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighteenth day of November, 2021



Secretary of State

Tracking Number: 4162683912CU

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LICENSEE DETAILS

11:38:03 AM 3/1/2022

Licensee Information

Name:	**JOHNSON & JOHNSON VISION CARE, INC (Primary Name)**
Main Address:	**7500 CENTURION PARKWAY JACKSONVILLE Florida 32256**
County:	**DUVAL**
License Location:	**7500 CENTURION PARKWAY JACKSONVILLE FL 32256**
County:	**DUVAL**

License Information

License Type:	**Prescription Drug Manufacturer**
Rank:	**"Rx Drug Manu"**
License Number:	**20241**
Status:	**Current**
Licensure Date:	**12/10/2008**
Expires:	**02/29/2024**

Special Qualifications	Qualification Effective
Closely Held Corporation	11/20/2008
Renewal certificate print failure	11/05/2009

Alternate Names

View Related License Information
View License Complaint

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-Q

☑ **Quarterly Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**
for the quarterly period ended October 3, 2021

or

☐ **Transition Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**
for the transition period from to

Commission file number 1-3215

Johnson & Johnson
(Exact name of registrant as specified in its charter)

New Jersey	22-1024240
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933
(Address of principal executive offices)

Registrant's telephone number, including area code (732) 524-0400

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. ☑ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). ☑ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicated by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). ☐ Yes ☑ No

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, Par Value $1.00	JNJ	New York Stock Exchange
0.250% Notes Due January 2022	JNJ22	New York Stock Exchange
0.650% Notes Due May 2024	JNJ24C	New York Stock Exchange
5.50% Notes Due November 2024	JNJ24BP	New York Stock Exchange
1.150% Notes Due November 2028	JNJ28	New York Stock Exchange
1.650% Notes Due May 203S	JNJ35	New York Stock Exchange

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date.

On October 22, 2021, 2,632,596,969 shares of Common Stock, $1.00 par value, were outstanding.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of The
Securities Exchange Act of 1934

Date of report (Date of earliest event reported):
November 15, 2021

Johnson & Johnson

(Exact name of registrant as specified in its charter)

New Jersey	1-3215	22-1024240
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933
(Address of Principal Executive Offices)
(Zip Code)
Registrant's telephone number, including area code:
732-524-0400

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Recommencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, Par Value $1.00	JNJ	New York Stock Exchange
0.250% Notes Due January 2022	JNJ22	New York Stock Exchange
0.650% Notes Due May 2024	JNJ24C	New York Stock Exchange
5.50% Notes Due November 2024	JNJ24BP	New York Stock Exchange
1.150% Notes Due November 2028	JNJ28	New York Stock Exchange
1.650% Notes Due May 2035	JNJ35	New York Stock Exchange

JOHNSON & JOHNSON AND SUBSIDIARIES

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Quarterly Report on Form 10-Q and Johnson & Johnson's other publicly available documents contain "forward-looking statements" within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. Management and representatives of Johnson & Johnson and its subsidiaries (the Company) also may from time to time make forward-looking statements. Forward-looking statements do not relate strictly to historical or current facts and reflect management's assumptions, views, plans, objectives and projections about the future. Forward-looking statements may be identified by the use of words such as "plans," "expects," "will," "anticipates," "estimates," and other words of similar meaning in conjunction with, among other things: discussions of future operations, expected operating results, financial performance; impact of planned acquisitions and dispositions; impact and timing of restructuring initiatives including associated cost savings and other benefits; the Company's strategy for growth; product development activities; regulatory approvals; market position and expenditures.

Because forward-looking statements are based on current beliefs, expectations and assumptions regarding future events, they are subject to uncertainties, risks and changes that are difficult to predict and many of which are outside of the Company's control. Investors should realize that if underlying assumptions prove inaccurate, or known or unknown risks or uncertainties materialize, the Company's actual results and financial condition could vary materially from expectations and projections expressed or implied in its forward-looking statements. Investors are therefore cautioned not to rely on these forward-looking statements. Risks and uncertainties include, but are not limited to:

Risks Related to Product Development, Market Success and Competition

- Challenges and uncertainties inherent in innovation and development of new and improved products and technologies on which the Company's continued growth and success depend, including uncertainty of clinical outcomes, additional analysis of existing clinical data, obtaining regulatory approvals, health plan coverage and customer access, and initial and continued commercial success;
- Challenges to the Company's ability to obtain and protect adequate patent and other intellectual property rights for new and existing products and technologies in the United States and other important markets;
- The impact of patent expirations, typically followed by the introduction of competing biosimilars and generics and resulting revenue and market share losses;
- Increasingly aggressive and frequent challenges to the Company's patents by competitors and others seeking to launch competing generic, biosimilar or other products and increased receptivity of courts, the United States Patent and Trademark Office and other decision makers to such challenges, potentially resulting in loss of market exclusivity and rapid decline in sales for the relevant product sooner than expected;
- Competition in research and development of new and improved products, processes and technologies, which can result in product and process obsolescence;
- Competition to reach agreement with third parties for collaboration, licensing, development and marketing agreements for products and technologies;
- Competition based on cost-effectiveness, product performance, technological advances and patents attained by competitors; and
- Allegations that the Company's products infringe the patents and other intellectual property rights of third parties, which could adversely affect the Company's ability to sell the products in question and require the payment of money damages and future royalties.

Risks Related to Product Liability, Litigation and Regulatory Activity

- Product efficacy or safety concerns, whether or not based on scientific evidence, potentially resulting in product withdrawals, recalls, regulatory action on the part of the United States Food and Drug Administration (or international counterparts), declining sales, reputational damage, increased litigation expense and share price impact;
- Impact, including declining sales and reputational damage, of significant litigation or government action adverse to the Company, including product liability claims and allegations related to pharmaceutical marketing practices and contracting strategies;
- Impact of an adverse judgment or settlement and the adequacy of reserves related to legal proceedings, including patent litigation, product liability, personal injury claims, securities class actions, government investigations, employment and other legal proceedings;

- Increased scrutiny of the health care industry by government agencies and state attorneys general resulting in investigations and prosecutions, which carry the risk of significant civil and criminal penalties, including, but not limited to, debarment from government business;
- Failure to meet compliance obligations in compliance agreements with governments or government agencies, which could result in significant sanctions;
- Potential changes to applicable laws and regulations affecting United States and international operations, including relating to: approval of new products; licensing and patent rights; sales and promotion of health care products; access to, and reimbursement and pricing for, health care products and services; environmental protection and sourcing of raw materials;
- Compliance with local regulations and laws that may restrict the Company's ability to manufacture or sell its products in relevant markets, including requirements to comply with medical device reporting regulations and other requirements such as the European Union's Medical Devices Regulation;
- Changes in domestic and international tax laws and regulations, including changes related to the Tax Cuts and Jobs Act in the United States, increasing audit scrutiny by tax authorities around the world and exposures to additional tax liabilities potentially in excess of existing reserves; and
- Issuance of new or revised accounting standards by the Financial Accounting Standards Board and regulations by the Securities and Exchange Commission.

Risks Related to the Company's Strategic Initiatives and Healthcare Market Trends

- Pricing pressures resulting from trends toward health care cost containment, including the continued consolidation among health care providers and other market participants, trends toward managed care, the shift toward governments increasingly becoming the primary payers of health care expenses, significant new entrants to the health care markets seeking to reduce costs and government pressure on companies to voluntarily reduce costs and price increases;
- Restricted spending patterns of individual, institutional and governmental purchasers of health care products and services due to economic hardship and budgetary constraints;
- Challenges to the Company's ability to realize its strategy for growth including through externally sourced innovations, such as development collaborations, strategic acquisitions, licensing and marketing agreements, and the potential heightened costs of any such external arrangements due to competitive pressures;
- The potential that the expected strategic benefits and opportunities from any planned or completed acquisition or divestiture by the Company may not be realized or may take longer to realize than expected; and
- The potential that the expected benefits and opportunities related to past and ongoing restructuring actions may not be realized or may take longer to realize than expected.

Risks Related to Economic Conditions, Financial Markets and Operating Internationally

- The risks associated with global operations on the Company and its customers and suppliers, including foreign governments in countries in which the Company operates.
- Impact of inflation and fluctuations in interest rates and currency exchange rates and the potential effect of such fluctuations on revenues, expenses and resulting margins;
- Potential changes in export/import and trade laws, regulations and policies of the United States and other countries, including any increased trade restrictions or tariffs and potential drug reimportation legislation;
- The impact on international operations from financial instability in international economies, sovereign risk, possible imposition of governmental controls and restrictive economic policies, and unstable international governments and legal systems;
- The impact of global public health crises and pandemics, including the outbreak of the novel coronavirus (COVID-19) pandemic;
- Changes to global climate, extreme weather and natural disasters that could affect demand for the Company's products and services, cause disruptions in manufacturing and distribution networks, alter the availability of goods and services within the supply chain, and affect the overall design and integrity of the Company's products and operations; and
- The impact of armed conflicts and terrorist attacks in the United States and other parts of the world including social and economic disruptions and instability of financial and other markets.

Risks Related to Supply Chain and Operations

- Difficulties and delays in manufacturing, internally, through third party providers or otherwise within the supply chain, that may lead to voluntary or involuntary business interruptions or shutdowns, product shortages, withdrawals or suspensions of products from the market, and potential regulatory action;
- Interruptions and breaches of the Company's information technology systems or those of the Company's vendors, which could result in reputational, competitive, operational or other business harm as well as financial costs and regulatory action;
- Reliance on global supply chains and production and distribution processes that are complex and subject to increasing regulatory requirements that may adversely affect supply, sourcing and pricing of materials used in the Company's products; and
- The potential that the expected benefits and opportunities related to restructuring actions contemplated for the global supply chain may not be realized or may take longer to realize than expected, including due to any required approvals from applicable regulatory authorities. Disruptions associated with the announced global supply chain actions may adversely affect supply and sourcing of materials used in the Company's products.

Investors also should carefully read the Risk Factors described in Item 1A of the Company's Annual Report on Form 10-K for the fiscal year ended January 3, 2021, for a description of certain risks that could, among other things, cause the Company's actual results to differ materially from those expressed in its forward-looking statements. Investors should understand that it is not possible to predict or identify all such factors and should not consider the risks described above to be a complete statement of all potential risks and uncertainties. The Company does not undertake to publicly update any forward-looking statement that may be made from time to time, whether as a result of new information or future events or developments.

Part I — FINANCIAL INFORMATION

Item 1 — FINANCIAL STATEMENTS

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(Unaudited; Dollars in Millions Except Share and Per Share Data)

		October 3, 2021	January 3, 2021
ASSETS			
Current assets:			
Cash and cash equivalents	$	17,604	13,985
Marketable securities		13,397	11,200
Accounts receivable, trade, less allowances for doubtful accounts and credit losses $223 (2020, $293)		14,911	13,576
Inventories (Note 2)		10,387	9,344
Prepaid expenses and other		3,590	3,132
Total current assets		59,889	51,237
Property, plant and equipment at cost		47,347	46,804
Less: accumulated depreciation		(28,869)	(28,038)
Property, plant and equipment, net		18,478	18,766
Intangible assets, net (Note 3)		47,776	53,402
Goodwill (Note 3)		35,569	36,393
Deferred taxes on income (Note 5)		10,646	8,534
Other assets		6,870	6,562
Total assets	$	179,228	174,894
LIABILITIES AND SHAREHOLDERS' EQUITY			
Current liabilities:			
Loans and notes payable	$	3,798	2,631
Accounts payable		8,961	9,505
Accrued liabilities		13,812	13,968
Accrued rebates, returns and promotions		12,683	11,513
Accrued compensation and employee related obligations		3,146	3,484
Accrued taxes on income (Note 5)		2,161	1,392
Total current liabilities		44,561	42,493
Long-term debt (Note 4)		30,130	32,635
Deferred taxes on income (Note 5)		7,147	7,214
Employee related obligations (Note 6)		10,171	10,771
Long-term taxes payable (Note 5)		5,770	6,559
Other liabilities		11,177	11,944
Total liabilities	$	108,956	111,616
Commitments and Contingencies (Note 11)			
Shareholders' equity:			
Common stock — par value $1.00 per share (authorized 4,320,000,000 shares; issued 3,119,843,000 shares)	$	3,120	3,120
Accumulated other comprehensive income (loss) (Note 7)		(15,415)	(15,242)
Retained earnings		121,092	113,890
Less: common stock held in treasury, at cost (487,358,000 and 487,331,000 shares)		38,525	38,490
Total shareholders' equity		70,272	63,278
Total liabilities and shareholders' equity	$	179,228	174,894

See Notes to Consolidated Financial Statements

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF EARNINGS
(Unaudited; Dollars & Shares in Millions Except Per Share Amounts)

	Fiscal Third Quarter Ended			
	October 3, 2021	Percent to Sales	September 27, 2020	Percent to Sales
Sales to customers (Note 9)	$ 23,338	100.0 %	$ 21,082	100.0 %
Cost of products sold	7,250	31.1	6,972	33.1
Gross profit	16,088	68.9	14,110	66.9
Selling, marketing and administrative expenses	6,000	25.7	5,431	25.8
Research and development expense	3,422	14.7	2,840	13.5
In-process research and development	900	3.9	138	0.6
Interest income	(13)	(0.1)	(12)	(0.1)
Interest expense, net of portion capitalized	20	0.1	44	0.2
Other (income) expense, net	1,850	7.9	1,200	5.7
Restructuring (Note 12)	60	0.2	68	0.3
Earnings before provision for taxes on income	3,849	16.5	4,401	20.9
Provision for taxes on income (Note 5)	182	0.8	847	4.0
NET EARNINGS	$ 3,667	15.7 %	$ 3,554	16.9 %
NET EARNINGS PER SHARE (Note 8)				
Basic	$ 1.39		$ 1.35	
Diluted	$ 1.37		$ 1.33	
AVG. SHARES OUTSTANDING				
Basic	2,632.6		2,632.5	
Diluted	2,674.9		2,669.3	

See Notes to Consolidated Financial Statements

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF EARNINGS
(Unaudited; Dollars & Shares in Millions Except Per Share Amounts)

	Fiscal Nine Months Ended			
	October 3, 2021	Percent to Sales	September 27, 2020	Percent to Sales
Sales to customers (Note 9)	$ 68,971	100.0 %	$ 60,109	100.0 %
Cost of products sold	21,900	31.8	20,613	34.3
Gross profit	47,071	68.2	39,496	65.7
Selling, marketing and administrative expenses	17,505	25.4	15,627	26.0
Research and development expense	9,994	14.5	8,127	13.5
In-process research and development	900	1.3	144	0.3
Interest income	(40)	(0.1)	(98)	(0.2)
Interest expense, net of portion capitalized	123	0.2	114	0.2
Other (income) expense, net	480	0.7	545	0.9
Restructuring (Note 12)	169	0.2	187	0.3
Earnings before provision for taxes on income	17,940	26.0	14,850	24.7
Provision for taxes on income (Note 5)	1,798	2.6	1,874	3.1
NET EARNINGS	$ 16,142	23.4 %	$ 12,976	21.6 %
NET EARNINGS PER SHARE (Note 8)				
Basic	$ 6.13		$ 4.93	
Diluted	$ 6.04		$ 4.86	
AVG. SHARES OUTSTANDING				
Basic	2,632.2		2,633.0	
Diluted	2,674.6		2,670.8	

See Notes to Consolidated Financial Statements

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME
(Unaudited; Dollars in Millions)

	Fiscal Third Quarter Ended		Fiscal Nine Months Ended	
	October 3, 2021	September 27, 2020	October 3, 2021	September 27, 2020
Net earnings	$ 3,667	3,554	$ 16,142	12,976
Other comprehensive income (loss), net of tax				
Foreign currency translation	(382)	222	(241)	(741)
Securities:				
Unrealized holding gain (loss) arising during period	—	1	(1)	1
Reclassifications to earnings	—	—	—	—
Net change	—	1	(1)	1
Employee benefit plans:				
Prior service cost amortization during period	(40)	(6)	(122)	(17)
Gain (loss) amortization during period	273	203	822	604
Net change	233	197	700	587
Derivatives & hedges:				
Unrealized gain (loss) arising during period	67	199	(55)	1,052
Reclassifications to earnings	(233)	(24)	(576)	54
Net change	(166)	175	(631)	1,106
Other comprehensive income (loss)	(315)	595	(173)	953
Comprehensive income	$ 3,352	4,149	$ 15,969	13,929

See Notes to Consolidated Financial Statements

The tax effects in other comprehensive income for the fiscal third quarter were as follows for 2021 and 2020, respectively: Foreign Currency Translation: $86 million and $139 million; Employee Benefit Plans: $65 million and $56 million; Derivatives & Hedges: $43 million and $47 million.

The tax effects in other comprehensive income for the fiscal nine months were as follows for 2021 and 2020, respectively: Foreign Currency Translation: $315 million and $207 million; Employee Benefit Plans: $197 million and $167 million; Derivatives & Hedges: $167 million and $293 million.

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF EQUITY
(Unaudited; Dollars in Millions)

Fiscal Third Quarter Ended October 3, 2021

	Total	Retained Earnings	Accumulated Other Comprehensive Income	Common Stock Issued Amount	Treasury Stock Amount
Balance, July 4, 2021	**$ 69,580**	**120,154**	**(15,100)**	**3,120**	**(38,594)**
Net earnings	3,667	3,667	—	—	—
Cash dividends paid ($1.06 per share)	(2,791)	(2,791)	—	—	—
Employee compensation and stock option plans	522	62	—	—	460
Repurchase of common stock	(391)	—	—	—	(391)
Other comprehensive income (loss), net of tax	(315)	—	(315)	—	—
Balance, October 3, 2021	**$ 70,272**	**121,092**	**(15,415)**	**3,120**	**(38,525)**

Fiscal Nine Months Ended October 3, 2021

	Total	Retained Earnings	Accumulated Other Comprehensive Income	Common Stock Issued Amount	Treasury Stock Amount
Balance, January 3, 2021	**$ 63,278**	**113,890**	**(15,242)**	**3,120**	**(38,490)**
Net earnings	16,142	16,142	—	—	—
Cash dividends paid ($3.13 per share)	(8,241)	(8,241)	—	—	—
Employee compensation and stock option plans	1,726	(699)	—	—	2,425
Repurchase of common stock	(2,460)	—	—	—	(2,460)
Other comprehensive income (loss), net of tax	(173)	—	(173)	—	—
Balance, October 3, 2021	**$ 70,272**	**121,092**	**(15,415)**	**3,120**	**(38,525)**

Fiscal Third Quarter Ended September 27, 2020

	Total	Retained Earnings	Accumulated Other Comprehensive Income	Common Stock Issued Amount	Treasury Stock Amount
Balance, June 28, 2020	**$ 62,978**	**113,898**	**(15,533)**	**3,120**	**(38,507)**
Net earnings	3,554	3,554	—	—	—
Cash dividends paid ($1.01 per share)	(2,659)	(2,659)	—	—	—
Employee compensation and stock option plans	559	109	—	—	450
Repurchase of common stock	(483)	—	—	—	(483)
Other	(71)	(71)	—	—	—
Other comprehensive income (loss), net of tax	595	—	595	—	—
Balance, September 27, 2020	**$ 64,473**	**114,831**	**(14,938)**	**3,120**	**(38,540)**

Fiscal Nine Months Ended September 27, 2020

	Total	Retained Earnings	Accumulated Other Comprehensive Income	Common Stock Issued Amount	Treasury Stock Amount
Balance, December 29, 2019	**$ 59,471**	**110,659**	**(15,891)**	**3,120**	**(38,417)**
Net earnings	12,976	12,976	—	—	—
Cash dividends paid ($2.97 per share)	(7,823)	(7,823)	—	—	—
Employee compensation and stock option plans	1,866	(911)	—	—	2,777
Repurchase of common stock	(2,900)	—	—	—	(2,900)
Other	(70)	(70)	—	—	—
Other comprehensive income (loss), net of tax	953	—	953	—	—
Balance, September 27, 2020	**$ 64,473**	**114,831**	**(14,938)**	**3,120**	**(38,540)**

See Notes to Consolidated Financial Statements

JOHNSON & JOHNSON AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
(Unaudited; Dollars in Millions)

	Fiscal Nine Months Ended	
	October 3, 2021	September 27, 2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Net earnings	$ 16,142	12,976
Adjustments to reconcile net earnings to cash flows from operating activities:		
Depreciation and amortization of property and intangibles	5,547	5,291
Stock based compensation	920	845
Asset write-downs	964	198
Contingent consideration reversal	—	(1,148)
Net gain on sale of assets/businesses	(601)	(60)
Deferred tax provision	(2,564)	(238)
Credit losses and accounts receivable allowances	(60)	74
Changes in assets and liabilities, net of effects from acquisitions and divestitures:		
Increase in accounts receivable	(1,818)	(440)
Increase in inventories	(1,178)	(784)
Increase/(Decrease) in accounts payable and accrued liabilities	182	(119)
Decrease/(Increase) in other current and non-current assets	2,082	(1,983)
(Decrease)/Increase in other current and non-current liabilities	(1,938)	581
NET CASH FLOWS FROM OPERATING ACTIVITIES	17,678	15,193
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property, plant and equipment	(2,237)	(2,024)
Proceeds from the disposal of assets/businesses, net (Note 10)	666	100
Acquisitions, net of cash acquired (Note 10)	—	(949)
Purchases of investments	(18,843)	(16,243)
Sales of investments	16,809	6,585
Credit support agreements activity, net	696	125
Other (primarily licenses and milestones)	(414)	(516)
NET CASH USED BY INVESTING ACTIVITIES	(3,323)	(12,922)
CASH FLOWS FROM FINANCING ACTIVITIES		
Dividends to shareholders	(8,241)	(7,823)
Repurchase of common stock	(2,460)	(2,900)
Proceeds from short-term debt	1,283	3,335
Repayment of short-term debt	(821)	(310)
Proceeds from long-term debt, net of issuance costs	3	7,431
Repayment of long-term debt	(1,452)	(562)
Proceeds from the exercise of stock options/employee withholding tax on stock awards, net	808	922
Credit support agreements activity, net	168	—
Other	101	(569)
NET CASH USED BY FINANCING ACTIVITIES	(10,611)	(476)
Effect of exchange rate changes on cash and cash equivalents	(125)	(135)
Increase in cash and cash equivalents	3,619	1,660
Cash and Cash equivalents, beginning of period	13,985	17,305
CASH AND CASH EQUIVALENTS, END OF PERIOD	$ 17,604	18,965
Acquisitions		
Fair value of assets acquired	$ —	1,173
Fair value of liabilities assumed and noncontrolling interests	—	(224)
Net cash paid for acquisitions	$ —	949

See Notes to Consolidated Financial Statements

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

NOTE 1 — The accompanying unaudited interim consolidated financial statements and related notes should be read in conjunction with the audited Consolidated Financial Statements of Johnson & Johnson and its subsidiaries (the Company) and related notes as contained in the Company's Annual Report on Form 10-K for the fiscal year ended January 3, 2021. The unaudited interim financial statements include all adjustments (consisting only of normal recurring adjustments) and accruals necessary in the judgment of management for a fair statement of the results for the periods presented.

Columns and rows within tables may not add due to rounding. Percentages have been calculated using actual, non-rounded figures.

Use of Estimates
The extent to which COVID-19 impacts the Company's business and financial results will depend on numerous evolving factors including, but not limited to: the magnitude and duration of COVID-19, the extent to which it will impact worldwide macroeconomic conditions including interest rates, employment rates and health insurance coverage, the speed of the anticipated recovery, and governmental and business reactions to the pandemic. The Company assessed certain accounting matters that generally require consideration of forecasted financial information in context with the information reasonably available to the Company and the unknown future impacts COVID-19 as of October 3, 2021 and through the date of this report. The accounting matters assessed included, but were not limited to, the Company's allowance for doubtful accounts and credit losses, inventory and related reserves, accrued rebates and associated reserves, and the carrying value of the goodwill and other long-lived assets along with the Company's on-going vaccine development and distribution efforts. While there was not a material impact to the Company's consolidated financial statements as of and for the quarter ended October 3, 2021, the Company's future assessment of the magnitude and duration of COVID-19, as well as other factors, could result in material impacts to the Company's consolidated financial statements in future reporting periods.

New Accounting Standards
The Company assesses the adoption impacts of recently issued accounting standards by the Financial Accounting Standards Board on the Company's financial statements as well as material updates to previous assessments, if any, from the Company's Annual Report on Form 10-K for the fiscal year ended January 3, 2021. There were no new material accounting standards issued in the fiscal nine months of 2021 that impacted the Company.

Recently Adopted Accounting Standards
There were no new material accounting standards adopted in the fiscal nine months of 2021.

Reclassification
Certain prior period amounts have been reclassified to conform to current year presentation.

NOTE 2 — INVENTORIES

(Dollars in Millions)		October 3, 2021	January 3, 2021
Raw materials and supplies	$	1,587	1,410
Goods in process		2,164	2,040
Finished goods		6,636	5,894
Total inventories	$	10,387	9,344

NOTE 3 — INTANGIBLE ASSETS AND GOODWILL

Intangible assets that have finite useful lives are amortized over their estimated useful lives. The latest annual impairment assessment of goodwill and indefinite lived intangible assets was completed in the fiscal fourth quarter of 2020. Future impairment tests for goodwill and indefinite lived intangible assets will be performed annually in the fiscal fourth quarter, or sooner, if warranted.

(Dollars in Millions)	October 3, 2021	January 3, 2021
Intangible assets with definite lives:		
Patents and trademarks — gross	$ 39,176	39,990
Less accumulated amortization	(19,569)	(17,618)
Patents and trademarks — net	19,607	22,372
Customer relationships and other intangibles — gross	22,950	22,898
Less accumulated amortization	(11,637)	(10,912)
Customer relationships and other intangibles — net*	11,313	11,986
Intangible assets with indefinite lives:		
Trademarks	7,013	7,195
Purchased in-process research and development [1]	9,843	11,849
Total intangible assets with indefinite lives	16,856	19,044
Total intangible assets — net	$ 47,776	53,402

*The majority is comprised of customer relationships

[1]In the fiscal third quarter of 2021, the Company recorded a partial IPR&D impairment charge of $0.9 billion primarily related to expected development delays in the general surgery digital robotics platform (Ottava) acquired with the Auris Health acquisition in 2019. The impairment charge was calculated based on revisions to the discounted cash flow valuation model reflecting a delay of first in human procedures of approximately two years from the initial acquisition model assumption of the second half of 2022. The remaining reduction was driven by assets that reached commercialization and are now classified as having definite lives.

Goodwill as of October 3, 2021 was allocated by segment of business as follows:

(Dollars in Millions)	Consumer Health	Pharmaceutical	Medical Devices	Total
Goodwill at January 3, 2021	$ 10,336	11,009	15,048	36,393
Goodwill, related to acquisitions	—	—	—	—
Goodwill, related to divestitures	(7)	—	—	(7)
Currency translation/Other	(347)	(283)	(187)	(817)
Goodwill at October 3, 2021	$ 9,982	10,726	14,861	35,569

The weighted average amortization period for patents and trademarks is 12 years. The weighted average amortization period for customer relationships and other intangible assets is 21 years. The amortization expense of amortizable intangible assets included in cost of products sold was $1.1 billion and $1.2 billion for the fiscal third quarters ended October 3, 2021 and September 27, 2020, respectively. The amortization expense of amortizable intangible assets included in cost of products sold was $3.6 billion and $3.4 billion for the fiscal nine months ended October 3, 2021 and September 27, 2020, respectively. Intangible asset write-downs are included in Other (income) expense, net.

The estimated amortization expense for approved products, before tax, for the five succeeding years is approximately:

(Dollars in Millions)				
2021	2022	2023	2024	2025
$4,700	4,500	4,500	4,300	3,600

See Note 10 to the Consolidated Financial Statements for additional details related to acquisitions and divestitures.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☒ No

☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Facility Name: Kite Pharma, Inc.

Physical Address: 9021 Bennett Creek Blvd

City: Frederick State: MD Zip: 21704

Mailing Address (if different from physical address): 2355 Utah Avenue

City: El Segundo State: CA Zip: 90245

Telephone: (240) 341-3506 Website: www.kitepharma.com

Name of Designated Representative (DR): Brian Stamper

Licensing Company Email: KiteStateLicensing@gilead.com DR Email: KiteStateLicensing@gilead.com

☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Hospital Pharmacies	☐ Others:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

State of Incorporation: DE

Parent Company (if any): Gilead Science, Inc.

Corporation Name: Kite Pharma, Inc.

Mailing Address: 2355 Utah Avenue

City: El Segundo State: CA Zip: 90245

Telephone: 650-574-3000 Email: legal@gilead.com

Contact Person Name: James Jackson

Date of SEC Registration:	SEC Registration Number: 0000882095	Stock Exchange Symbo GILD

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Jackson

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

04FEB2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 15230

DISTRIBUTOR REGISTRATION

130115

STATE OF MARYLAND
DEPARTMENT OF HEALTH

130115

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Kite Pharma Inc.
9021 Bennett Creek Blvd
Frederick MD 21704

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Kite Pharma Inc.
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2023)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07033	05/31/2023

SIGNATURE OF BEARER

130115

State of Maryland 130115

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Kite Pharma Inc.**
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2023)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07033	**05/31/2023**

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Details

Demographic Information

Name: Kite Pharma Inc.

Address Information

Address: 9021 Bennett Creek Blvd

City: Frederick **State:** MD **Zip:** 21704

Maryland License\Permit Information

Number: D07033 **Type:** Distributor **Status:** Active

Original Issued: 09/11/2021 **Date Renewed:** **Expires:** 31/05/2023

No Speciality Information
No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KITE PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KITE PHARMA, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4693342 8300

SR# 20220560261

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202687265

Date: 02-17-22

Kite Pharma, Inc.

Description of Operations

Kite Pharma, Inc. will manufacture and distribute its own product, Yescarta, from its facility located at:

9021 Bennett Creek Blvd
Frederick, Maryland 21704
FDA Establishment Number: 3016888173

Facility Contact: Brian Stamper
Phone: 240-341-3506
E-mail: kitestatelicensing@gilead.com

Kite Pharma, Inc. will be distributing its product directly to hospitals.

Kite Pharma, Inc. operates Monday – Friday from 730 am – 5 am EST.

Kite Pharma, Inc.'s product axicabtagene ciloleucel(Yescarta), NDCs 71287-119-02, YESCARTA is a treatment for large B-cell lymphoma or follicular lymphoma, two types of non-Hodgkin lymphoma. It is used when at least two other kinds of treatment have failed to control cancer. YESCARTA is different than other cancer medicines because it is made from your own white blood cells, which have been modified to recognize and attack your lymphoma cells. Their product is not a controlled substance. Accordingly, Kite does not have a DEA registration.

Kite will manufacture its product in its Frederick facility and will be distributing the product to hospitals and physicians.

Description of Facility Security and Temp/Humidity Controls

The fire alarm system is fully automatic and manual system. The fire alarm system is fully protected by intelligent area smoke detectors and air sampling devices with notification devices throughout the entire space. It is a general alarm building with individual air handler units shutdown. All sprinkler

valves are monitored. A pre-action system is used for the main IT rooms and is also monitored by the fire alarm control panel.

Fire Alarm Service contractor:
***

Burglar / Security
***

24/7 onsite security guard service:
***

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

in LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

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EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through February 08, 2022

You have searched Finished drug products

Search Results: *'71287'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
TECARTUS	71287-219-02	2000000 1/68mL	SUSPENSION	INTRAVENOUS	BLA125703	Kite Pharma, Inc.	71287-219	brexucabtagene autoleucel	BREXUCABTAGENE AUTOLEUCEL	CELLULAR THERAPY	07/24/2020	N/A	BLA	1 BAG in 1 PACKAGE (71287-219-02) > 68 mL in 1 BAG (71287-219-01)	N/A
TECARTUS	71287-220-02	1000000 1/68mL	SUSPENSION	INTRAVENOUS	BLA125703	Kite Pharma, Inc.	71287-220	brexucabtagene autoleucel	BREXUCABTAGENE AUTOLEUCEL	CELLULAR THERAPY	10/01/2021	N/A	BLA	1 BAG in 1 PACKAGE (71287-220-02) > 68 mL in 1 BAG (71287-220-01)	N/A
YESCARTA	71287-119-02	2000000 1/68mL	SUSPENSION	INTRAVENOUS	BLA125643	Kite Pharma, Inc.	71287-119	axicabtagene ciloleucel	AXICABTAGENE CILOLEUCEL	CELLULAR THERAPY	10/18/2017	N/A	BLA	1 BAG in 1 PACKAGE (71287-119-02) > 68 mL in 1 BAG (71287-119-01)	CD19 Receptor Interactions [MoA], CD19-directed Chimeric Antigen Receptor [EPC], Genetically-modified Autologous T Cells [EPC], † Lymphocytes, Cultured, Autologous, Genetically-modified [EXT]

Showing 1 to 3 of 3 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 3/2/22 M.H

Kite Pharma

Ownership Info

Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
P: (650) 574-3000

Gilead Sciences, Inc. owns 100% of Kite Pharma, Inc.

Corporate Officers

Chris McDonald, Senior Vice President, Manufacturing Technical Operations

David Anderson, Jr., Senior Director, Quality

James Jackson, Vice President, Manufacturing

Jose Caraballo-Oramas, Senior Vice President of Quality

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Kite Pharma, Inc.**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
KITE PHARMA, INC.	3012583739	080315797	ANALYSIS; LABEL; MANUFACTURE; PACK;	2355 UTAH AVE, EL SEGUNDO, California (CA) 90245, United States (USA)	12/31/2021
Kite Pharma, Inc.	3014007584	116931311	ANALYSIS;	1800 Stewart St., Santa Monica, California (CA) 90404, United States (USA)	12/31/2021
KITE PHARMA, INC.	3015212314	963353359	LABEL;	2400 Broadway, Santa Monica, California (CA) 90404, United States (USA)	12/31/2021
Kite Pharma, Inc.	3016888173	117989834	ANALYSIS; LABEL; MANUFACTURE; PACK;	9021 Bennett Creek Blvd, Frederick, Maryland (MD) 21704, United States (USA)	12/31/2021

Showing 1 to 4 of 4 entries

Previous1Next

Data Current through: Thursday, Sep 30, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File No. 000-19731

GILEAD SCIENCES, INC.

(Exact Name of Registrant as Specified in Its Charter)

Delaware	94-3047598
(State or Other Jurisdiction of Incorporation or Organization)	(IRS Employer Identification No.)

333 Lakeside Drive, Foster City, California 94404
(Address of Principal Executive Offices, Including Zip Code)
650-574-3000
(Registrant's Telephone Number, Including Area Code)

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value, $0.001 per share	GILD	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Exchange Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐

Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Brian Stamper

[redacted] Pinewood Trail, Middletown, MD 21769 USA * +1[redacted] * [redacted]@verizon.net

CAREER OBJECTIVE

Leverage my technical, operations, people management, and project management experience to lead operations within a pharmaceutical / biotechnology organization.

CORE COMPETENCIES

Leading and managing a commercial manufacturing facility
Management of technical and operations staff
Building a high performing team
Cell therapy and Biologics drug substance manufacturing
Driving problem solving and continuous improvement / Lean operations
Large capital project management
Designing and Implementing Operational readiness for new Drug Substance and Drug Product manufacturing facilities
Commercial scale drug substance and Cell Therapy manufacturing facility design and start-up
Bioprocess development and technology transfer

PROFESSIONAL EXPERIENCE

Kite Pharma, Frederick, MD
9021 Bennett Creek Blvd. Frederick, MD 21704
310 824 9999 (Corporate Headquarters)

Sr Director, Manufacturing, July 2021 - Present
Director, Manufacturing, Apr 2019 – July 2021

- Accountable for all site Manufacturing operations including production of CAR-T cell therapy products and associated operations
- Lead manufacturing operations for facility design, commissioning and qualification, and start-up
- Build and recruit manufacturing organization to support startup and production operations
- Responsible for setting manufacturing vision and strategy in alignment with site and corporate goals
- Create and manage the budget for the organization to ensure financial targets are achieved
- Implement initiatives to drive the right culture and behaviors to foster accountability and a quality mindset within the manufacturing staff
- Ensure reliable and stable operations and drive continuous improvement opportunities to implement Lean Manufacturing practices and operational efficiencies
- Liaise with external regional groups including the County, State, universities, and trade groups to drive Kite interests including workforce development initiatives

Lonza Pharmaceuticals and Biotechnology, Walkersville, MD
8830 Biggs Ford Road
Walkersville, MD 21793
301 898 7025

Director, Manufacturing, Jan 2019 – Apr 2019

- Accountable for Manufacturing operations including production of liquid and powdered media, aseptic filling into bags, bottles, and vials, and endotoxin test kits
- Directly supervise staff of >120 people including core Manufacturing and Technical Operations team
- Responsible for setting manufacturing vision and strategy in alignment with site and corporate goals
- Create and manage the budget for the organization to ensure financial targets are achieved
- Implement initiatives to drive culture and behavior changes to foster accountability and a quality mindset within the manufacturing staff to enable the site to come out from an FDA Warning Letter

- Ensure reliable and stable operations and drive continuous improvement opportunities to implement Lean Manufacturing practices and operational efficiencies

Lonza Pharmaceuticals and Biotechnology, Walkersville, MD

Associate Director, Project Management, Aug 2018 – Jan 2019

- Accountable for Operational Readiness of new Liquid Media preparation and aseptic filling assets
- Ensure all safety, quality, and operability procedures and practices are in place to enable timely use of new equipment at site to meet FDA commitments
- Liaison between global engineering and site operations
- Contribute to site strategic decisions as a member of the Site Leadership Team

AstraZeneca Biologics, Frederick, MD

633 Research Drive
Frederick, MD 21703
301 228 5000

Associate Director (Interim), Manufacturing Technical Operations, May 2018 – Aug 2018

- Accountable for Equipment validation, manufacturing batch documentation, and investigations
- Implemented process to review data from minor deviations to identify trends to enable continuous improvement
- Re-organized department to better support the business including implementation of electronic batch records
- Represented Manufacturing Tech Ops at site business review, site scorecard, and Quality Management review meetings

AstraZeneca Biologics, Södertälje, Sweden

Associate Director, Operational Readiness, Sep 2017 – Apr 2018

- Secondment assignment to join Site Leadership Team and lead Operational Readiness function for Biologics Drug Product Facility Start-Up in Sweden
- Accountable for coordinating scope and schedule and driving execution of all Operational Readiness activities to transition facility from Capital Project to GMP commercial operations
- Implemented Lean practices including Tier meetings with visual management to drive accountability and enable timely problem solving
- Implemented business processes to be used for project management and execution of Operational Readiness, Supply Planning and Prioritization, and to support Technology Transfer activities
- Implemented new business process to align site supply and capability priorities with broader network demand
- Primary liaison with Supply Chain Planning and Network Strategy teams to align Facility capabilities with network demand
- Partnered with QA to develop regulatory inspection readiness scope and schedule. Created visual management tools to drive execution against the needed timelines

AstraZeneca Biologics, Frederick, MD

Associate Director, Manufacturing, Mar 2016 – Sep 2017

- Accountable for all operations within the Frederick Manufacturing Center Small Scale Drug Substance Manufacturing Facility (4 x 2500L Bioreactor scale)
- Delivered Right First Time and On Time process validation campaign as first GMP campaign in facility
- Led multi-layer operations staff to deliver commercial biologics drug substance manufacturing on time while meeting or exceeding all safety and quality metrics
- Implemented Lean manufacturing processes including Tier meetings, Value Stream Visualization and Control, and visual control charting of operations performance
- Built an operations team from a facility design team of ~10 cross-functional staff to a team of >100 staff (directly supervise 50 staff)

- As overall program manager, led the transition from capital project to manufacturing facility

Senior Scientist, Manufacturing Sciences & Technology, Sep 2009 – Mar 2016

- Promoted from Process Engineer III to Scientist I to Scientist II to Senior Scientist
- Large capital project:
  - Program manager for >$200MM (USD) biologics drug substance manufacturing capacity project that delivered a commercial GMP facility to an accelerated schedule within budget
  - Process Lead responsible for design, review, and approval of all process systems
- Technology transfer and manufacturing support:
  - Upstream technology transfer lead for receiving site for multiple internal and external biologics drug substance programs (clinical and commercial)
  - Led Large Scale Drug Substance facility fit efforts, performed active process monitoring, investigated non-conformances/deviations, and authored campaign summary reports
  - Led implementation of external partner Electronic Laboratory Notebook (ELN) system within MS&T for Process Characterization and Manufacturing data tracking/sharing
  - Led two workstreams as part of a major bioburden investigation
- Process engineering support for 15000L commercial drug substance facility start-up:
  - Designed, executed, and analyzed 15000L scale bioreactor characterization studies
  - Led start-up activities for bioreactor harvest operations via centrifugation
  - Authored portions of the Prior Approval Supplement (PAS) and met with regulatory agency inspectors during Pre-Approval Inspection
  - Designed and implemented mentoring program within MS&T

Eli Lilly & Company, Indianapolis, IN

Lilly Technology Center
1200 W. Morris Street
Indianapolis, IN 46221
317 651 7973

Senior Manufacturing Associate, 2005 - 2009

- Technical lead for upstream operations in cGMP Clinical Trial Supply Pilot Plant utilizing 2 x 5000L production bioreactor trains, 1 x 250L single-use bioreactor train, 1 x 5000L production fermenter train
- Upstream operations lead for pilot plant Commissioning, Qualification, and Start-up
- Led efforts to characterize bioreactor and fermenter capabilities including gas transfer, mixing times, and process control
- Collaborated with process automation and process engineering to develop and optimize DeltaV recipes
- Ensured process compatibility with pilot plant equipment and authored manufacturing batch records to enable successful tech transfers
- Represented Manufacturing and Technical Services on CMC Project teams and authored campaign summary reports
- Performed data mining and statistical modeling of the cell culture platform to identify most relevant bioprocess scale-up parameters
- Innovated and implemented new processing strategy to improve bioreactor cleaning capabilities
- Directly Supervised Sr. Engineering Technician which led to his improved performance and increased involvement in the group functions
- Indirectly supervised manufacturing staff on my shift to ensure consistent and reliable operations that met safety, process and quality requirements

Microbiologist, 2001 – 2005

- Process development scientist for GS-CHO, GS-NS0, HEK293 upstream early and late phase processes
- Represented cell culture development on CMC Project Core teams
- Collaborated with primary recovery (harvest), purification, analytical, and molecular biology scientists to deliver optimal processes within allotted timeframes

- Created and used DOEs using JMP software to develop processes using shake flasks, bench-scale bioreactors, and intermediate scale bioreactors
- Cell culture lead for technical transfer to a third party manufacturer

Biologist, 2000 – 2001

- Kelly Scientific Resources Contractor at Eli Lilly and Company
- Assisted associate and senior scientists with late phase process development

Indiana University, Indianapolis, IN

Laboratory Technician, 1999 – 2000

- Worked in a human primary cell line culture laboratory
- Investigated correlation between dialysis and arthritis using tools such as primary cell culture, SDS-PAGE, ultrafiltration, fluorescence microscopy

EDUCATION

JOHNS HOPKINS UNIVERSITY, Baltimore, MD

Masters in Biotechnology Enterprise and Entrepreneurship, May 2016

In partnership with local biotechnology company, completed Practicum to build a business plan to leverage the company's proprietary technology to develop, commercialize, and market biosimilar products

Completed coursework including: Leading Change; Managerial Finance for Biotechnology; Ethical, Legal, and Regulatory Affairs in Biotechnology; Risk Management; and Project Management

GPA: 4.0/4.0

PURDUE UNIVERSITY, West Lafayette, IN

Master of Science in Biologics Engineering, May 2007

- Completed M.S. thesis examining use of Near infrared (NIR) spectroscopy to monitor mammalian cell culture
- Final Graduate GPA: 3.9 / 4.0
- Coursework included fermentation modeling, regression analysis, DOE, chromatographic separations, heat and mass transfer, and reaction kinetics

INDIANA UNIVERSITY, Bloomington, IN

Bachelor of Science in Biochemistry, May 1998

- Honors Degree in Biochemistry and General Honors Program Completion with GPA of 3.6/4.0
- Completed undergraduate research project focused on inorganic chemical synthesis
- Earned Minors in Biology and Mathematics

Pickerington High School, Pickerington, OH
High school degree 1994

ADDITIONAL SKILLS

Proficient in Microsoft Office including Visio and MS Project
Proficient in JMP statistical software
Familiar with DeltaV and Rockwell process automation systems
Enjoy mentoring and coaching, and being mentored and coached by others

EXTERNAL GROUP MEMBERSHIPS

Hood College Biotechnology Advisory Board	*Jan 2020 - Present*
Maryland Technology Council Board of Directors	*Aug 2020 – Present*
State of Maryland Governor's Life Sciences Advisory Board	*Aug 2020 – Present*
Co-Chair of LSAB Workforce Development Task Force	*Nov 2020 - Present*

PUBLICATIONS AND PRESENTATIONS

Cell Culture Engineering XIV 2014: "Technology Transfer: Process Fit and Scale-Up for Manufacturing of Biologicals" Joint presentation with colleague from Merck Research Labs

IBC Process2Product 2012: "Data Management Approach to Enable Successful Technology Transfer within a Trusted Partner Network"

Pharmaceutical Manufacturing, April 2009: "Bioreactor Operational Excellence: Best practices from Scale-Up to Control"

Pharmaceutical Manufacturing Webinar 23 April 2009: "Mammalian Cell Culture Scale-up: Get it Right the First Time!"

AIChE Annual Meeting 2008: "Modeling the Platform: Leveraging Cross-Project Data to Understand Upstream BioProcess Scale-Up"

M.S. Thesis filed at Purdue in 2007: "Statistically Designed Calibration for Near Infrared Spectrometric Monitoring of Mammalian Cell Culture"

AIChE Annual Meeting 2004: "Effects of Process Parameters on Scaling Up and Scaling Down a GS-NS0 Process"

Worker Name	Job Title	Job Family
Howard Bland	Sr Director, Supply Chain	Supply Chain
Rohan Bajaj	Process Engineer I	Process Engineering
Darrell McClure	Assoc Director, IT	Information Technology
David Anderson	Sr Director, Quality	Quality
Aaron Spivey	Manager, Technical Training	Manufacturing Training
Raj Garnepudi	Sr Director, Quality Control	Quality Control
Wilbur Williams	Director, Quality Engineering	Quality Engineering
Pavani Mallampati	Validation Engineer III	Validation
Alexis Melendez	Sr Director, Facilities Engineering	Facilities Engineering
Nitya Shivaprasad	Assoc Director, Lab Operations	Analytical Operations
Joe Brewer	Assoc Director, Process Engineering	Process Engineering
Nigel DePeiza	Director, Project Management	Project Mgmt
Steve Burke	Assoc Director, EH&S	EH&S
Brian Stamper	Sr Director, Manufacturing	Manufacturing
Jose Mena Hernandez	Sr Facilities Engineer I	Facilities Engineering
Trushar Agrawal	Director, Quality Systems	Quality Systems
Tom Murphy	Sr Facilities Engineer III	Facilities Engineering
Danielle Lein	QC Specialist II	Quality Control
Tim Eyler	Sr Facilities Engineer II	Facilities Engineering
Komal Sampat	Process Engineer II	Process Engineering
Jessica Sabol	QA Documentation Lead	QA Documentation
Patrick Benson	Assoc Director, Project Management	Project Mgmt
Ray Simmers	Sr Manager, Facilities Engineer	Facilities Engineering
Tim Frame	Assoc Director, Manufacturing Engineering	Engineering
Danielle Beckmann	Admin Coord	Admin Assistant
Gaurang Patel	Assoc Director, Analytical Ops	Analytical Operations
Ileana Torres	Manager, Document Control	QA Documentation
Lindsay Arnold	Sr Process Engineer II	Process Engineering
Brian Kenty	Director, Process Development	Process Development
Kelly Stevens	Assoc Director, Business Strategy and Operations	Business Strategy and Operations
Damon Keene	Supervisor, Manufacturing	Cell Therapy
Alex Hernandez	Assoc Director, Facilities Engineering	Facilities Engineering
Maria Velez	Assoc Director, Quality Control	Quality Control
Rob Lynch	Assoc Director, Facilities Operations	Facilities Ops
Dwight Sellars	QA Documentation Lead	QA Documentation
Josue Rodriguez	Sr Manager, Project Management	Project Mgmt
Milton Hallin	QA Specialist II	Quality
Andy Bosaz	Sr Maintenance Technician	Maintenance

Nesha Miller	Assoc Director, Supply Chain	Supply Chain
James Curtis	Sr Manager, Supply Chain	Supply Chain
Brett Merrill	Sr Manager, Quality Systems	Quality Systems
Neil Hamill	Sr Process Engineer II	Process Engineering
CaroElise Ataku	Process Engineer II	Process Engineering
Tyler Rishel	QC Team Lead	Quality Control
Mark Guntow	QA Training Specialist	QA Training
Scott Alt	Sr. Facilities Ops Specialist	Facilities Ops
Krystal Coleman	QC Specialist II	Quality Control
Hetal Patel	Validation Engineer III	Validation
Mariela Quinones	QC Specialist III	Quality Control
Jeremiah Summers	Maintenance Tech II	Maintenance
Sherrie Musick	Manager, Supply Chain	Supply Chain
Jack Collins	Sr Maintenance Technician	Maintenance
Venu Balaji	Sr Manager, Supply Chain	Supply Chain
Alan Timmons	Maintenance Team Lead	Maintenance
Hugo Martinez	Sr. Facilities Ops Specialist	Facilities Ops
Chris Crosby	Facilities Engineer III	Facilities Engineering
Abdolahad Razman	Supply Chain Specialist IV	Supply Chain
Sudip Thakkar	Sr Quality Engineer II	Quality Engineering
Brian Webber	Supervisor, Materials	Materials & Logistics PDM
Jessica Diarra	QC Microbiology Tech II	QC Microbiology Tech
Katherine Dapkus	Cell Therapy Specialist I	Cell Therapy
Dan Shampain	Process Engineer III	Process Engineering
Brittany Costello	Specialist III, QA Compliance	QA Compliance
Harish Santhanam	Sr Director, Process Development	Process Development
Dev Mistry	QC Specialist III	Quality Control
Kevin Lamonia	Sr EH&S Spec	EH&S
Brooke Szymanski	Sr Manager, Quality Assurance	Quality
Eric Romelczyk	QC Specialist III	Quality Control
Lillian Tan	Manager, Quality Control	Quality Control
Wanda Takabayashi	Quality Engineer I	Quality Engineering
Mike Conners	QA Trainer	QA Training
Tyler Cannon	QC Team Lead	Quality Control
John Hinton	QC Specialist III	Quality Control
Avigail Porter	Sr Associate, Supply Chain	Supply Chain
Michael Valenti	Process Engineer III	Process Engineering
Lourdes Hernandez	Quality Systems Specialist III	Quality Systems
Kevin Cross	Manager, Quality Control	Quality Control
Kevin Miller	Manager, Facilities Engineer	Facilities Engineering
Chris Gennaro	Process Engineer III	Process Engineering
Nicola Romoff	Assoc Director, Public Affairs	Public Affairs
Roshani Modha	Supervisor, Manufacturing	Cell Therapy

Keisa Tucker	QA Documentation Specialist II	QA Documentation
John Gohegan	Cell Therapy Specialist I	Cell Therapy
Stan Bubnowski	Supervisor, Quality Assurance	Quality
Clairesa Gebhart	Process Engineer II	Process Engineering
Jonathan Butterfield	Process Engineer III	Process Engineering
Dustin Clem	Maintenance Tech II	Maintenance
Danielle Disney	Facilities Ops Specialist I	Facilities Ops
Jake Morin	Facilities Ops Specialist I	Facilities Ops
Jacob Rowland	Maintenance Tech II	Maintenance
Anil Prasad Sah	Validation Engineer II	Validation
Neej Patel	Sr Process Engineer I	Process Engineering
Jim Jackson	Kite VP, Mfg	Manufacturing
Jeffrey Sears	Supervisor, Materials	Materials & Logistics PDM
Yohan Blount	Sr Facilities Engineer II	Facilities Engineering
Alan Mullarkey	Cell Therapy Specialist I	Cell Therapy
Matthew David	Cell Therapy Specialist II	Cell Therapy
Phil Krouse	Cell Therapy Specialist I	Cell Therapy
Maria Lee	Validation Engineer I	Validation
Eric Long	Maintenance Tech II	Maintenance
Fernando Calvo	Distribution Specialist II	Supply Chain Distribution
Wil Coleman	Facilities Engineer II	Facilities Engineering
Troy Rowles	Maintenance Tech II	Maintenance
Thomas Whitefield	Maintenance Tech I	Maintenance
Matt Herbster	Facilities Engineer III	Facilities Engineering
Jessika Trower	Associate Process Engineer	Process Engineering
Carnley Norman	Kite VP, Process Development	Process Development
Duane Mixon	Assoc Director, IT	Information Technology
Jennifer Okoro	EH&S Spec I	EH&S
Luis Amaya	Maintenance Tech I	Maintenance
Carlos Castillo	QC Associate	Quality Control
Isabela Valdes Aldana	Cell Therapy Specialist I	Cell Therapy
Che Sturdivant	Lab Tech II	QC Lab Tech
Carlos Herrera	Maintenance Tech II	Maintenance
Kelly Munson	QC Team Lead	Quality Control
Dava Ross	Lab Tech I	QC Lab Tech
Thomas Addison	Lab Tech I	QC Lab Tech
William Jones	Lab Tech I	QC Lab Tech
Raj Patel	QA Specialist II	Quality
Claudio Granados Marenco	Maintenance Tech I	Maintenance
Precious Tebid	QC Analytical Specialist I	Quality Control
Anup Agarwal	Sr Process Engineer III	Process Engineering
Kory Leech	Cell Therapy Specialist I	Cell Therapy
Giorgi Sprow	Lab Tech I	QC Lab Tech
Kayla Willems	Sr EH&S Spec	EH&S

Michelle Paul	Sr Manager, Technical Services	Tech Services
Patrick O'Meara	Sr Specialist II, QA Compliance	QA Compliance
Michael McCreary	Cell Therapy Specialist I	Cell Therapy
David C Monroe Jr	Cell Therapy Specialist I	Cell Therapy
Emily Irwin	Facilities Engineer II	Facilities Engineering
Dickson Odoh	Supervisor, Manufacturing	Cell Therapy
Kristopher Thomas	Lab Tech I	QC Lab Tech
Naran Faulkner	Cell Therapy Specialist I	Cell Therapy
Christopher Davis	Lab Tech I	QC Lab Tech
Mandy Hiel	QA Specialist II	Quality
Amanda Smith	Distribution Specialist II	Supply Chain Distribution
Anthony Nelson	QA Specialist II	Quality
Danyom Beyene	Lab Tech I	QC Lab Tech
Deedy DeLeon	Director, Human Resources	Human Resources
Sydney Walton	Cell Therapy Tech I	Cell Therapy
Tobias Fletcher	Sr. Services Asst	Facilities Ops
George McLeod	QA Documentation Specialist I	QA Documentation
Suzanne Madrid	Distribution Specialist II	Supply Chain Distribution
Brandon Rodamer	Process Engineer I	Process Engineering
Bianca Bobo	Lab Tech I	QC Lab Tech
Zachary Boone	Sr Associate, Supply Chain	Supply Chain
Gerardo Ocasio	Facilities Ops Specialist II	Facilities Ops
Brittany McGill	QA Documentation Specialist I	QA Documentation
Jake Wilks	IT Support Engineer II	IT Support
Anna Hemingway	QC Analytical Specialist II	Quality Control
Matthew Jenks	Distribution Specialist I	Supply Chain Distribution
Joseph Marinelli	Cell Therapy Specialist I	Cell Therapy
Luke Huckelberry	Finance - FP & A Manager	Financial Analyst
Dennis Obiezue	Cell Therapy Specialist I	Cell Therapy
Seongbin Shin	Quality Systems Specialist III	Quality Systems
Marc Clark	Maintenance Tech II	Maintenance
Kenneth Nichols	Assoc Director, Manufacturing	Manufacturing
Kate Wheeler	QA Documentation Specialist I	QA Documentation
Sean O'Connell	Cell Therapy Specialist I	Cell Therapy
Adan Mera	Distribution Specialist II	Supply Chain Distribution
Derrick Bligen	Lab Tech II	QC Lab Tech
Julia Lee	Cell Therapy Specialist I	Cell Therapy
Justin Cox	Technical Trainer	Manufacturing Training
Justin Wisor	Cell Therapy Specialist I	Cell Therapy
Jorge Guzman	Cell Therapy Specialist I	Cell Therapy
Kimberly Bergwall	Cell Therapy Tech I	Cell Therapy
LaDonna Maddon	Cell Therapy Tech I	Cell Therapy
Lindsay Barlow	Cell Therapy Specialist I	Cell Therapy

Samantha Saunders	Lab Tech II	QC Lab Tech
Wilfredo Rivera Chavez	Cell Therapy Specialist I	Cell Therapy
Sohil Patel	Cell Therapy Specialist I	Cell Therapy
Christian Lazaro	Cell Therapy Specialist I	Cell Therapy
Elizabeth Stutzmann	Process Engineer II	Process Engineering
Charlisse Erkard	QA Specialist II	Quality
Caprice DeLaTorre	Admin Coord	Admin Assistant
Holly Burkhardt	Supervisor, Manufacturing	Cell Therapy
Nicholas Cain	Cell Therapy Specialist I	Cell Therapy
Kyleigh Shuster	Cell Therapy Specialist I	Cell Therapy
Caleb Houston	Cell Therapy Specialist I	Cell Therapy
Steven Miller	Cell Therapy Specialist I	Cell Therapy
Eliezer Molina	Distribution Specialist I	Supply Chain Distribution
Anneace Phillips	Cell Therapy Specialist II	Cell Therapy
Rachelle Spriggs	Supervisor, Manufacturing	Cell Therapy
Charmaine Hipolito	Cell Therapy Specialist I	Cell Therapy
Otengo Amon	Distribution Specialist I	Supply Chain Distribution
Emma Neubert	Cell Therapy Specialist I	Cell Therapy
Michael Nyakundi	Cell Therapy Specialist I	Cell Therapy
Nicole Nohilly	Cell Therapy Specialist II	Cell Therapy
Petra Graham	QC Specialist II	Quality Control
Hannah Baker	Lab Tech I	QC Lab Tech
Franchia Everhart	Quality Systems Specialist III	Quality Systems
Benjamin Taylor	Distribution Specialist II	Supply Chain Distribution
Elliott Smalls	Supervisor, Manufacturing	Cell Therapy
James Bear	Cell Therapy Specialist II	Cell Therapy
Mayra Albino	Sr QA Specialist	Quality
Noah Pace	Cell Therapy Specialist I	Cell Therapy
Valeria Alicea Lopez	Lab Tech I	QC Lab Tech
Terrell Williams	Distribution Specialist I	Supply Chain Distribution
Tyler Watson	Maintenance Tech II	Maintenance
Matthew Staub	Cell Therapy Specialist I	Cell Therapy
Joseph Letteri	Cell Therapy Specialist I	Cell Therapy
Rachel McClain	Supervisor, Quality Assurance	Quality
Ben Wolfson	Cell Therapy Specialist II	Cell Therapy
Tyrone Davis	Lab Tech II	QC Lab Tech
Brian Sease	Maintenance Tech II	Maintenance
Amber Hambsch	Technical Trainer	Manufacturing Training
Rediet Shewakena	Cell Therapy Specialist I	Cell Therapy
Diego Laboy Morales	Lab Ops Specialist I	Analytical Operations
Patrick McLean	Supervisor, Manufacturing	Cell Therapy
Luis Faisca	Technical Trainer	Manufacturing Training

Adjoua-Andie Koko	Cell Therapy Specialist II	Cell Therapy
Johnathon Garza	Distribution Specialist IV	Supply Chain Distribution
Latasha Crockett	Supervisor, Manufacturing	Cell Therapy
Jurea Deloatch	Supervisor, Quality Assurance	Quality
Naisla Defran	Cell Therapy Specialist I	Cell Therapy
Benjamin Znaniec	Cell Therapy Specialist I	Cell Therapy
Ricky Ricardo	Cell Therapy Specialist II	Cell Therapy
Andres Idrobo Rayo	QA Specialist II	Quality
Ashley Stevenson	Cell Therapy Specialist I	Cell Therapy
Justin Jett	Cell Therapy Specialist I	Cell Therapy
Demetria Dorsey	Cell Therapy Specialist II	Cell Therapy
Lemuel Potente	Supervisor, Quality Control	Quality Control
Jhia Manaig	Cell Therapy Specialist I	Cell Therapy
Rosa Paredes	Cell Therapy Specialist I	Cell Therapy
Kasey Johnson	Cell Therapy Specialist I	Cell Therapy
Kayleigh Nurss	Cell Therapy Specialist I	Cell Therapy
Doug Johnston	Supply Chain Specialist IV	Supply Chain
Maryah Wright	Cell Therapy Specialist I	Cell Therapy
Trenell Clarke	Cell Therapy Specialist II	Cell Therapy
Tristan Sinclair	Cell Therapy Specialist II	Cell Therapy
Perseus Barahona-Molina	Supervisor, Quality Control	Quality Control
Gerardo Ocasio Roman	Maintenance Tech I	Maintenance
Alexandra Dittmer	Cell Therapy Specialist I	Cell Therapy
Chilufya Mumba	Cell Therapy Specialist I	Cell Therapy
Jerna Davis	Cell Therapy Specialist I	Cell Therapy
Rewati Neupane Khatri	QC Specialist II	Quality Control
Darwin Milburn	Supervisor, Quality Control	Quality Control
Karolline Foulks	Cell Therapy Specialist I	Cell Therapy
Patrick Henson	Process Engineer I	Process Engineering
Steven McPherson	Cell Therapy Specialist I	Cell Therapy
Joyce Mattis	Lab Tech I	QC Lab Tech

CW	Cost Center	Manager
Adkins	Production	Simmers, Raymond
Bader	IT Dev & QE	Wilks, Jake
Ballou	Site Facilities	Burke, Steven
Barbour	QA - Admin	Cross, Kevin
Baxter	Production	Burke, Steven
Beermann	QA Operations	Cross, Kevin
Bonla	QA Operations	Tan, Lillian
Bryant	Production	Rodriguez Muniz, Josue
Cabral	Manufacturing PMO	Hamill, Neil
Camacho	Production	Hernandez Rodriguez, Alex

Capra	Production	Lynch, Robert
Carpenter	QA Operations	Tan, Lillian
Catanzaro	Production	Rodriguez Muniz, Josue
Cavaness	Production	Rodriguez Muniz, Josue
Chandra	T Cell Manufacturing	Keene, Damon
Cicek	QA Operations	Cross, Kevin
Corrales	Site Facilities	Burke, Steven
Costello	Production	Lamonia, Kevin
Crossland	QA Operations	Tan, Lillian
Cruz	Production	Simmers, Raymond
Deepak	QA Operations	Cross, Kevin
DeLeon	Production	Martinez Navarro, Hugo
Denard	Site Facilities	Burke, Steven
Dhaliwal	Production	Rodriguez Muniz, Josue
Diwa	Site Facilities	Rodriguez Muniz, Josue
Dominguez	Production	Simmers, Raymond
Dorsey	Production	Burke, Steven
Exil	Site Facilities	Burke, Steven
Flores	Production	Simmers, Raymond
Folarin	QA Operations	Tan, Lillian
Forrest	Production	Brewer, Joseph
Fuentes	Production	Simmers, Raymond
Gabreil	Site Facilities	Burke, Steven
Goode	Production	Burke, Steven
Graham	Production	Simmers, Raymond
Gray	Production	Patel, Neej
Green	Production	Simmers, Raymond
Haller	Production	Lynch, Robert
Haq	Production	Patel, Neej
Harper	QA Operations	Tan, Lillian
Heissenbuttel	Production	Lynch, Robert
Henry	Production	Brewer, Joseph
Hill	Production	Simmers, Raymond
Hossain	T Cell Manufacturing	McLean, Patrick
Houle	Site Facilities	Martinez Navarro, Hugo
Howard	Production	Burke, Steven
Islam	Site Facilities	Crosby, Christopher
Jackson	Site Facilities	Simmers, Raymond
Jensen	Site Facilities	Rodriguez Muniz, Josue
Jeyakumar	QA Operations	Cross, Kevin
Jimenez	Production	Rodriguez Muniz, Josue
Kerr	Production	Hernandez Rodriguez, Alex
Kinard	Production	Patel, Neej
Krakowski	Site Facilities	Simmers, Raymond
Kurnaz	Enterprise Data & Analytics	Wilks, Jake
Lang	Production	Hernandez Rodriguez, Alex
Lavigne	Production	Brewer, Joseph

Letourneau	Production	Rodriguez Muniz, Josue
Lopez	Production	Burke, Steven
Lopez	Production	Simmers, Raymond
Maldonado	Production	Frame, Timothy
May	Production	Martinez Navarro, Hugo
Mbakwe	QA Operations	Cross, Kevin
McDill	Production	Patel, Neej
Menon	QA Operations	Cross, Kevin
Mianulli	Site Facilities	Simmers, Raymond
Moore	Production	Burke, Steven
Morrow	Production	Hernandez Rodriguez, Alex
Mugisha	Production	Hernandez Rodriguez, Alex
Nicholson	Site Facilities	Burke, Steven
Oberoi	Production	Rodriguez Muniz, Josue
Okuri-Bido	Production	Hamill, Neil
Oni	Production	Burke, Steven
Patel	QA Operations	Cross, Kevin
Patel	Production	Patel, Neej
Pollard	Production	Patel, Neej
Razdan	QA - Admin	Torres-Acevedo, Ileana
Reynolds	Production	Burke, Steven
Riggs	QA Operations	Tan, Lillian
Roca	QA Operations	Cross, Kevin
Romero	Production	Simmers, Raymond
Rosales	Production	Simmers, Raymond
Ruck	Production	Patel, Neej
Rucker	Production	Burke, Steven
Ruppenthal	QA Operations	Tan, Lillian
Sanchez Amaya	Production	Simmers, Raymond
Satterfield	Site Facilities	Lamonia, Kevin
Schlessinger	IT Administration	Wilks, Jake
Schuster	Production	Lynch, Robert
Shaffer	Enterprise Data & Analytics	Wilks, Jake
Shaw	Production	Rodriguez Muniz, Josue
Simmons	Site Facilities	Burke, Steven
Stanek	Production	Patel, Neej
Stanley	Site Facilities	Crosby, Christopher
Stouffer	Production	Rodriguez Muniz, Josue
Sutton	Production	Burke, Steven
Swift	Production	Simmers, Raymond
Taminez	Site Facilities	Simmers, Raymond
Taracena	Production	Simmers, Raymond
Taracena	Production	Simmers, Raymond
Tennile	Site Facilities	Burke, Steven
Tiedemann	Production	Hernandez Rodriguez, Alex
Vickers	Production	Simmers, Raymond
Washington	QA Operations	Cross, Kevin

Williams	Production	Rodriguez Muniz, Josue
Wolff	Production	Balaji Padmanabhan, Venu
Yadav	Production	Hamill, Neil
Yigniflie	Production	Burke, Steven
Young	Production	Burke, Steven

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
Is your facility a reverse distributor? ☐ Yes ☒ No		
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Marinus Pharmaceuticals, Inc.

Physical Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Mailing Address (if different from physical address): 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Telephone: (484) 801-4670 Website: https://marinuspharma.com/

Name of Designated Representative (DR): William Pentz

Licensing Company Email: statelicensing@marinuspharma.com DR Email: bpentz@marinuspharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Pharmacies	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Marinus Pharmaceuticals, Inc.

Mailing Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Telephone: (484) 801-4670 Email: bpentz@marinuspharma.com

Contact Person Name: William Pentz

Date of SEC Registration: 07/31/2014	SEC Registration Number: 0001267813	Stock Exchange Symbol: MRNS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		x
Is your company licensed as a Manufacturer by the FDA? If yes, provide: 1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.	x	

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7_1_2019_Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Pfanstiel
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/20/21
Date

Board Use Only	Date Received: _____	Amount: $500 check 15269

MARINUS PHARMACEUTICALS

Description of Operations

Marinus Pharmaceuticals, Inc. is a Virtual Manufacturer. Marinus Pharmaceuticals, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies by their Third-Party Logistics Provider, ICS: Integrated Commercialization Services , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Almac Pharma Services
2661 Audubon Road
Audubon PA 19403
FDA Establishment Number: 3000214934

Almac Pharma Services manufactures Marinus Pharmaceuticals, Inc.'s product and packages finished product. At no time does Almac Pharma Services own the product, contract with Marinus Pharmaceuticals, Inc.'s customers, invoice, nor sell a Marinus Pharmaceuticals, Inc. product. Marinus Pharmaceuticals, Inc.'s products are Controlled Substances.

Labeler Code:
81583

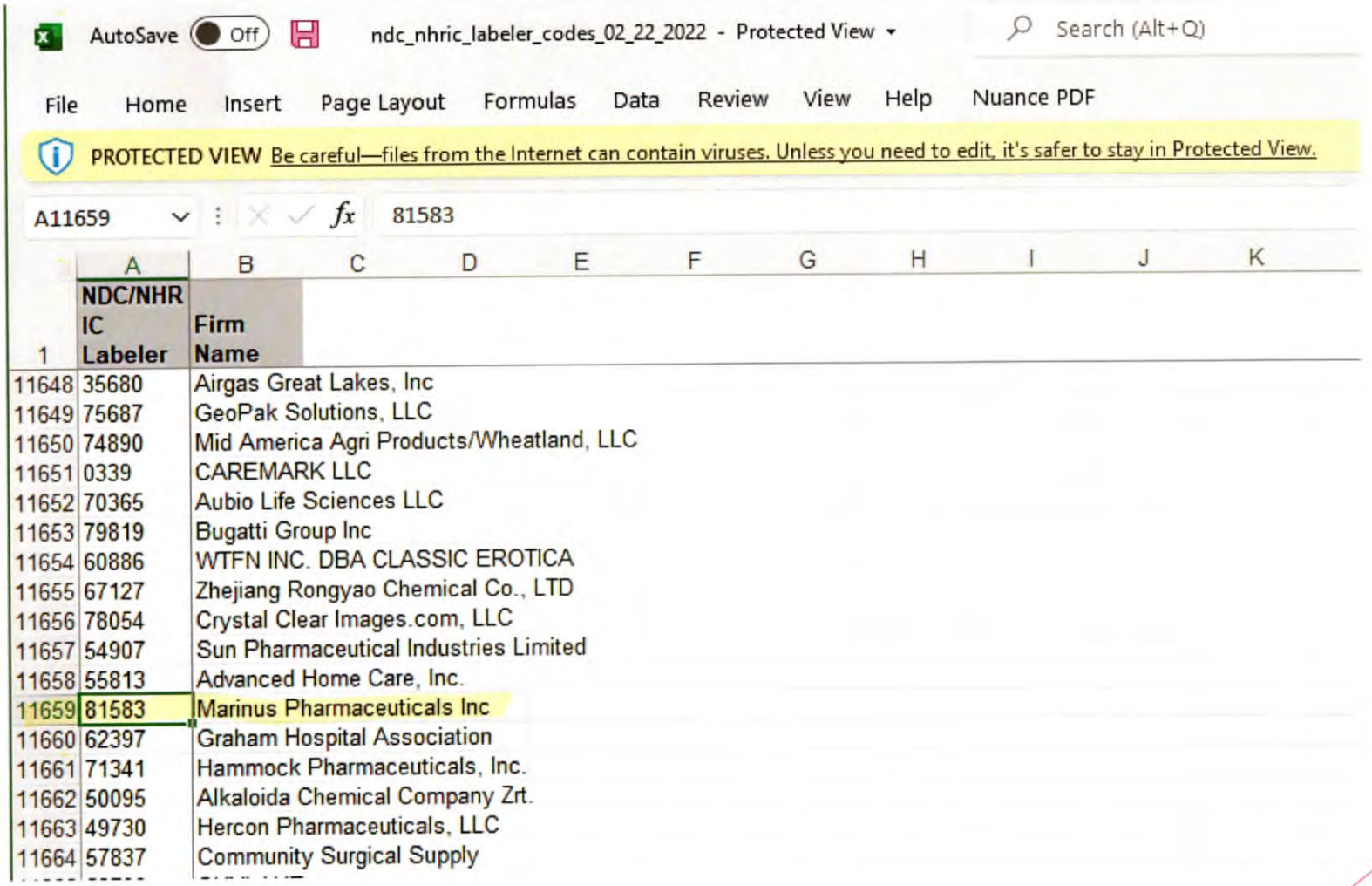
Third Party Logistic information:
We are using the following 3PL to distribute our product:

ICS: Integrated Commercialization Services
6450 LaSalle Drive
Lockburne, OH 43137

For distribution into the commercial supply channels, ICS: Integrated Commercialization Services acts as Marinus Pharmaceuticals, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Marinus Pharmaceuticals, Inc.'s product to Specialty Pharmacies throughout the United States.

Marinus Pharmaceuticals, Inc. has 95 employees working on site during normal business hours.

Marinus Pharmaceuticals, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.


AutoSave Off ndc_nhric_labeler_codes_02_22_2022 - Protected View

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PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View.

A11659 81583

	A	B
1	NDC/NHRIC Labeler	Firm Name
11648	35680	Airgas Great Lakes, Inc
11649	75687	GeoPak Solutions, LLC
11650	74890	Mid America Agri Products/Wheatland, LLC
11651	0339	CAREMARK LLC
11652	70365	Aubio Life Sciences LLC
11653	79819	Bugatti Group Inc
11654	60886	WTFN INC. DBA CLASSIC EROTICA
11655	67127	Zhejiang Rongyao Chemical Co., LTD
11656	78054	Crystal Clear Images.com, LLC
11657	54907	Sun Pharmaceutical Industries Limited
11658	55813	Advanced Home Care, Inc.
11659	81583	Marinus Pharmaceuticals Inc
11660	62397	Graham Hospital Association
11661	71341	Hammock Pharmaceuticals, Inc.
11662	50095	Alkaloida Chemical Company Zrt.
11663	49730	Hercon Pharmaceuticals, LLC
11664	57837	Community Surgical Supply

✓ verified
M.H 2/22/2022

MARINUS PHARMACEUTICALS

Company Information

Company Name: Marinus Pharmaceuticals, Inc.
Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500
City, State, Zip: Radnor, PA 19087
Phone: (484) 801-4670
Website: https://marinuspharma.com
E-mail: statelicensing@marinuspharma.com

FEIN: 20-0198082
State of Formation: Delaware
Date Incorporated: 8/14/2003
File Number: 3687243

Ownership Information

Marinus Pharmaceuticals, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol MRNS.

Officers

Scott Braunstein, Chief Executive Officer
Business Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500, Radnor, PA 19087
Ownership %: 2%

Christina Shafer, Chief Commercial Officer
Business Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500, Radnor, PA 19087
Ownership %: 0%

Steven Pfanstiel, Chief Financial Officer
Business Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500, Radnor, PA 19087
Ownership %: 0%

Joseph Hulihan, Chief Medical Officer
Business Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500, Radnor, PA 19087
Ownership %: 0%

Martha Manning, VP General Counsel and Corporate Secretary
Business Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500, Radnor, PA 19087
Ownership %: 0%

Certificate of Record

Certificate No. 9500000229

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Office/Corporate Location
No product onsite

MARINUS PHARMACEUTICALS, INC.
5 RADNOR CORPORATE CENTER
100 MATSONFORD ROAD, SUITE 500
RADNOR, PA 19087

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: August 31, 2021

Expiration Date: The Last Day of September, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

1190

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0567517	11-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-03-2021

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
6450 LASALLE DR
STE D
LOCKBOURNE, OH 431379283

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0567517	11-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-03-2021

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
6450 LASALLE DR
STE D
LOCKBOURNE, OH 431379283

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MARINUS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FOURTEENTH DAY OF AUGUST, A.D. 2003, AT 12:02 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIRST DAY OF MARCH, A.D. 2004, AT 9:05 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIRST DAY OF OCTOBER, A.D. 2004, AT 11:10 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2005, AT 9:45 O`CLOCK A.M.

CERTIFICATE OF CORRECTION, FILED THE FOURTH DAY OF OCTOBER, A.D. 2005, AT 6:49 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2008, AT 10:19 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

3687243 8310

SR# 20220456526

Authentication: 202630109

Date: 02-10-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF MAY, A.D. 2008, AT 3:01 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTH DAY OF AUGUST, A.D. 2008, AT 4:52 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TENTH DAY OF DECEMBER, A.D. 2008, AT 10:13 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2009, AT 9:12 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE SEVENTH DAY OF APRIL, A.D. 2009, AT 4:05 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE NINTH DAY OF JUNE, A.D. 2009, AT 2:56 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF JANUARY, A.D. 2010, AT 10:34 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF MAY, A.D. 2012, AT 11:22 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF NOVEMBER, A.D. 2012, AT 2:24 O`CLOCK P.M.





3687243 8310

SR# 20220456526

Authentication: 202630109

Date: 02-10-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE FOURTEENTH DAY OF MAY, A.D. 2013, AT 5:42 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTEENTH DAY OF JULY, A.D. 2014, AT 2:36 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF AUGUST, A.D. 2014, AT 11:30 O`CLOCK A.M.

CERTIFICATE OF DESIGNATION, FILED THE TWELFTH DAY OF DECEMBER, A.D. 2019, AT 3:18 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2020, AT 5:01 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE SEVENTH DAY OF APRIL, A.D. 2020, AT 8:04 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE SEVENTH DAY OF APRIL, A.D. 2020 AT 5 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SEVENTH DAY OF MAY, A.D. 2020, AT 12:48 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020, AT 8:01 O`CLOCK A.M.





3687243 8310

SR# 20220456526

Authentication: 202630109

Date: 02-10-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020 AT 5 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020, AT 8:02 O`CLOCK A.M.

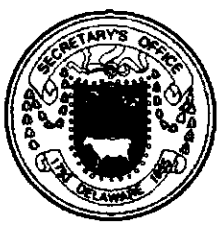
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020 AT 5:05 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE EIGHTH DAY OF DECEMBER, A.D. 2021, AT 4:38 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "MARINUS PHARMACEUTICALS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3687243 8310

SR# 20220456526

Authentication: 202630109

Date: 02-10-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Marinus Pharmaceuticals, Inc.** 5 Radnor Corporate Center 100 Matsonford Road, Suite 500; Radnor, PA 19087
  Certificate(s): **9500000229** issued: 8/31/2021 expires: 9/30/2022

Back to DD&C Home

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Assembly Version 4.0.18274.4 Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

MARINUS
PHARMACEUTICALS

PRODUCT INFORMATION

Labeler Code: 81583

Product(s): Ganaxalone (molecular name); both IV and oral treatments for rare epilepsy and central nervous systems disorders

Expected Approval Date: 3/20/2022

CONFIDENTIAL- Employee List Marinus Pharmaceuticals, Inc

Last Name	First Name
Aimetti	Alex
Alvarez	Lisa
Anderson	Andrea
Balderson	Jason
Battle	Powell
Braunstein	Scott
Brodkin	Kathryn
Butler	Casey
Butler	Christi
Byars	Michelle
Cameron	Molly
Cao	Lianfang
Capetola	Matthew
Carroll	Zachary
Cline	Kristie
Cohen	Kathleen
Costa	Vanessa
Czekai	David
Damouni Ellis	Sasha
De Pena	Josias
Dettore	Bonnie
Dissin	Marla
Durgin	Tracy
Farooqui	Arif
Flatt	John
Forrester	Susan
Fuenfstueck	William
Galica	Catherine
Gasior	Maciej
Gidner	Judi
Glowaky	Raymond
Hall	Matthew
Halperin	Fred
Hankins	Daniel
Hannagan	Brian
Helferty	Maureen
Holden	Scott
Hulihan	Joseph
Hull	Ernestine
Ironside	Shawn
James	Shandra
Jepsen	Katherine
Jimenez	Luis
Kalbach	Beth
Kaminski	Jessica

Thompson-DaCosta	Shameka
Tuliani	Vinod
Vaitkevicius	Henrikas
Van Heusen	Heather
Ward	Patricia
Webster	Kathleen
Weigle	Sonya
Whalen	Heidi
White	Julie
Williams	Rebekah
Ying	Sokary
Zhao	Yufan
Zumpino	Alaine

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number 001-36576



Marinus Pharmaceuticals, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**20-0198082**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

5 Radnor Corporate Center, Suite 500
100 Matsonford Road
Radnor, PA 19087
(Address of principal executive offices including zip code)

(484) 801-4670
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act.

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.001 per share	MRNS	Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act: None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐ Accelerated filer ☐ Non-accelerated filer ☑ Smaller reporting company ☑

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the registrant's common stock (the only common equity of the registrant) held by non-affiliates of the registrant on the last business day of the registrant's most recent completed second fiscal quarter (June 30, 2020) was $303,163,851, based on the closing price reported on the Nasdaq Global Market on June 30, 2020.

The total number of shares of the registrant's common stock, par value $0.001 per share, outstanding as of March 8, 2021 was 36,578,460.

Documents Incorporated by Reference

Certain portions of the registrant's Definitive Proxy Statement for its 2021 Annual Meeting of the Stockholders, which is expected to be filed with the U.S. Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2020, are incorporated by reference into Part III, Items 10-14 of this Annual Report on Form 10-K.

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Cautionary Note Regarding Forward-Looking Statements.

This Annual Report on Form 10-K contains forward-looking statements, within the meaning of the U.S. Private Securities Litigation Reform Act of 1995, that involve substantial risks and uncertainties. In some cases, you can identify forward-looking statements by the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "might," "objective," "ongoing," "plan," "predict," "project," "potential," "should," "will," or "would," and or the negative of these terms, or other comparable terminology intended to identify statements about the future. These statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this Annual Report on Form 10-K, we caution you that these statements are based on a combination of facts and factors currently known by us and our expectations of the future, about which we cannot be certain.

The forward-looking statements in this Annual Report on Form 10-K include, among other things, statements about:

- our ability to develop and commercialize ganaxolone;
- the status, timing and results of preclinical studies and clinical trials;
- design of and enrollment in clinical trials, availability of data from ongoing clinical trials, expectations for regulatory approvals, or the attainment of clinical trial results that will be supportive of regulatory approvals;
- the potential benefits of ganaxolone;
- the timing of seeking marketing approval of ganaxolone;
- our ability to obtain and maintain marketing approval;
- our estimates of expenses and future revenue and profitability;
- our estimates regarding our capital requirements and our needs for additional financing;
- our plans to develop and market ganaxolone and the timing of our development programs;
- our estimates of the size of the potential markets for ganaxolone;
- our selection and licensing of ganaxolone;
- our ability to attract collaborators with acceptable development, regulatory and commercial expertise;
- the benefits to be derived from corporate collaborations, license agreements, and other collaborative or acquisition efforts, including those relating to the development and commercialization of ganaxolone;
- sources of revenue, including contributions from our contract (BARDA Contract) with the Biomedical Advanced Research and Development Authority (BARDA), corporate collaborations, license agreements, and other collaborative efforts for the development and commercialization of ganaxolone and our other product candidates;
- our expectation that our cash, cash equivalents and investments as of December 31, 2020 will enable us to fund our operating expenses and capital expenditure requirements into the

second quarter of 2022;

- our expectation that we submit a New Drug Application (NDA) to FDA for ganaxolone for treatment of CDD in mid-2021 and a Marketing Authorization Application (MAA) to the European Medicines Agency (EMA) in the third quarter of 2021;

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- the possibility that we receive a priority review voucher from the FDA if an NDA for ganaxolone in CDD is approved;
- our expectation to announce top-line data from our Phase 3 clinical trial evaluating IV ganaxolone for the treatment of RSE in the first half of 2022;
- our expectation to report top-line data from our Phase 2 open-label trial (CALM Study) in the third quarter of 2021;
- the potential for us to develop ganaxolone in one or more additional rare refractory epilepsy indications or to in-license complementary products to leverage development and commercial investment for ganaxolone for such indications;
- our ability to create an effective sales and marketing infrastructure if we elect to market and sell ganaxolone directly;
- the rate and degree of market acceptance of ganaxolone;
- the timing and amount of reimbursement for ganaxolone;
- the success of other competing therapies that may become available;
- the manufacturing capacity for ganaxolone;
- our intellectual property position;
- our ability to maintain and protect our intellectual property rights;
- our results of operations, financial condition, liquidity, prospects, and growth strategies;
- the industry in which we operate;
- the extent to which our business may be adversely impacted by the effects of the COVID-19 coronavirus pandemic or by other pandemics, epidemics or outbreaks;
- the enforceability of the exclusive forum provisions in our fourth amended and restated certificate of incorporation; and
- the trends that may affect the industry or us.

Forward-looking statements appear primarily in the sections of this Annual Report on Form 10-K entitled "Item 1 – Business," , Item 1A "Risk Factors," "Item 7 – Management's Discussion and Analysis of Financial Condition and Results of Operations," "Item 7A – Quantitative and Qualitative Disclosures About Market Risk," and "Item 8 – Financial Statements and Supplementary Data." Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame or at all. We undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

You should read this Annual Report on Form 10-K and the documents that we reference in this Annual Report on Form 10-K and have filed as exhibits to this Annual Report on Form 10-K completely and with the understanding that our actual future results may be materially different from what we expect. We qualify all of our forward-looking statements by these cautionary statements.

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Risk Factors Summary

The following summarizes the principal factors that make an investment in us speculative or risky, all of which are more fully described in "Item 1A – Risk Factors" of this Annual Report on Form 10-K. This summary should be read in conjunction with the Risk Factors section and should not be relied upon as an exhaustive summary of the material risks facing our business.

Risks Related to our Financial Position and Need for Additional Capital

- We have incurred significant losses since our inception and anticipate that we will continue to incur losses in the future.
- We have not generated any revenue to date from product sales. We may never achieve or sustain profitability, which could depress the market price of our common stock, and could cause you to lose all or a part of your investment.
- We will require additional capital to fund our operations and if we fail to obtain necessary financing, we may be unable to complete the development and commercialization of ganaxolone.
- Raising additional capital could dilute our stockholders, restrict our operations or require us to relinquish rights to ganaxolone or any other future product candidates.
- We intend to expend our limited resources to pursue our sole clinical stage product candidate, ganaxolone, and may fail to capitalize on other technologies or product candidates that may be more profitable or for which there may be a greater likelihood of success.
- We have a limited operating history, which may make it difficult for you to evaluate the success of our business to date and to assess our future viability.

Risks Related to Clinical Development and Regulatory Approval of our Product Candidates

- Our future success is dependent on the successful clinical development, regulatory approval and commercialization of ganaxolone, which is being studied in four clinical trials and will require significant capital resources and years of additional clinical development effort.
- We plan to submit an NDA for ganaxolone for the treatment of CDKL5 Deficiency Disorder in mid 2021 and we may not receive regulatory approval of our application.
- Because the results of preclinical studies or earlier clinical trials are not necessarily predictive of future results, ganaxolone may not have favorable results in later clinical trials or receive regulatory approval.
- Ganaxolone may cause undesirable side effects or have other properties that could delay or prevent its regulatory approval, limit the commercial profile of an approved label, or result in significant negative consequences following any marketing approval.
- The therapeutic efficacy and safety of ganaxolone are unproven, and we may not be able to successfully develop and commercialize ganaxolone in the future.
- Clinical development of product candidates involves a lengthy and expensive process with an uncertain outcome.
- Even if ganaxolone receives regulatory approval, we will still face regulatory difficulties.
- We may not be able to obtain orphan drug exclusivity for ganaxolone, which could limit the potential profitability of ganaxolone.
- Even though we have received Rare Pediatric Disease (RPD) Designation for ganaxolone for the treatment of CDD, we may not receive a rare pediatric disease priority review voucher.
- Failure to obtain regulatory approval in international jurisdictions would prevent ganaxolone from being marketed in these jurisdictions.

Risks Related to the Commercialization of Our Product

- Our commercial success depends upon attaining significant market access and acceptance of ganaxolone, if approved, among physicians, patients, government and private payers and others in the medical community and attaining sufficient reimbursement for ganaxolone.

- We face substantial competition, which may result in others discovering, developing or commercializing products before or more successfully than we do.

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- If we are unable to establish sales and marketing capabilities or enter into agreements with third parties to market and sell ganaxolone, we may be unable to generate any revenue.
- Even if we are able to commercialize ganaxolone, it may not receive coverage and adequate reimbursement from third-party payers, which could harm our business.
- If the market opportunities for ganaxolone are smaller than we believe they are, our results of operations may be adversely affected and our business may suffer.

Risks Related to Our Dependence on Third Parties

- We rely on third parties to conduct our preclinical studies and clinical trials. If these third parties do not successfully carry out their duties in compliance with contractual and/or regulatory requirements or meet expected deadlines, our development plans may be adversely affected and we may not be able to obtain regulatory approval for or commercialize ganaxolone.
- Our experience manufacturing ganaxolone is limited to the needs of our preclinical studies and clinical trials. We have no experience manufacturing ganaxolone on a commercial scale and have no manufacturing facility. We are dependent on third-party manufacturers for the manufacture of ganaxolone as well as on third parties for our supply chain, and if we experience problems with any such third parties, the manufacturing of ganaxolone could be delayed.
- Government funding for certain of our programs adds uncertainty to our research efforts with respect to those programs and may impose requirements that increase the costs of commercialization and production of product candidates developed under those government-funded programs.

Risks Related to Regulatory Compliance

- Recently enacted and future legislation, including potentially unfavorable pricing regulations or other healthcare reform initiatives, may increase the difficulty and cost for us to obtain marketing approval of and commercialize ganaxolone and affect the prices we may obtain.

Risks Related to Intellectual Property

- If we are unable to protect our intellectual property rights or if our intellectual property rights are inadequate for our technology and product candidates, our competitive position could be harmed.
- Third parties, such as Ovid Therapeutics, Inc., may initiate legal proceedings alleging that we are infringing their intellectual property rights, the outcome of which would be uncertain and could harm our business.
- We may not be able to protect our intellectual property rights throughout the world.
- Patent terms may be inadequate to protect our competitive position on our products for an adequate amount of time.
- We rely on government funding for certain of our research and development activities and we may develop intellectual property through such activities and therefore may be subject to federal regulations such as "march-in" rights, certain reporting requirements and a preference for U.S. based companies. Compliance with such regulations may limit our exclusive rights, and limit our ability to contract with non-U.S. manufacturers.

Risks Related to our Business Operations

- The COVID-19 pandemic could adversely affect our business and our ability to conduct and complete clinical trials.

Risks Related to Ownership of Our Common Stock

- The market price of our stock has been, and may continue to be, highly volatile, and you could lose all or part of your investment.

- Insiders have substantial influence over us and could delay or prevent a change in corporate control.

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PART I

Unless the context requires otherwise, any references in this Annual Report on Form 10-K to "we," "us," "our," the "Company" or "Marinus" refers to Marinus Pharmaceuticals, Inc. and its wholly-owned subsidiary. Unless otherwise indicated, all share and per share amounts in this Annual Report on Form 10-K reflect, as applicable, the occurrence of a 1-for-4 reverse split of our common stock that occurred on September 23, 2020.

Item 1. Business.

Overview

We are a clinical stage pharmaceutical company focused on developing and commercializing innovative therapeutics to treat patients suffering from rare seizure disorders. Our clinical stage product candidate, ganaxolone, is a positive allosteric modulator of $GABA_A$ that is being developed in formulations for two different routes of administration: intravenous (IV) and oral. Ganaxolone is a synthetic analog of allopregnanolone, an endogenous neurosteroid. The different formulations are intended to maximize potential therapeutic applications of ganaxolone for adult and pediatric patient populations, in both acute and chronic care, and for both in-patient and self-administered settings. Ganaxolone acts at both synaptic and extrasynaptic $GABA_A$ receptors, a target known for its anti-seizure, antidepressant and anxiolytic potential.

COVID-19

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) was identified in Wuhan, China. This virus was declared a pandemic by the World Health Organization in March 2020 and has spread to nearly every country in the world, including the U.S. Efforts to contain the spread of COVID-19 have intensified and many countries, including the U.S., have implemented severe travel restrictions, business shutdowns and social distancing measures that have impacted clinical development through supply chain shortages and clinical trial enrollment difficulties as hospitals reduce and redeploy staff, divert resources to patients suffering COVID-19 and limit hospital access for non-patients. The pandemic poses the risk that we, our contractors, suppliers, or other partners may be prevented from conducting normal business activities for an indefinite period of time, including those due to shutdowns that may be requested or mandated by governmental authorities.

The continued global spread of COVID-19 has affected our operations but did not have a material impact on our business, operating results, financial condition or cash flows as of and for the year ended December 31, 2020. For example, several of our Phase 1 trials of oral ganaxolone to support the CDD indication have continued enrollment and are expected to be completed by the end of the second quarter of 2021, despite experiencing delays in enrollment due to COVID-19. Further, in response to COVID-19, for our ongoing clinical trials, we have implemented multiple measures consistent with guidance of the FDA on the conduct of clinical trials of medical products during the COVID-19 pandemic, including implementing remote site monitoring and remote visits using telemedicine where needed. However, COVID-19 may still adversely impact our clinical trials. For example, our RAISE Trial in refractory status epilepticus (RSE) is being conducted in hospitals, and resources related to the COVID-19 pandemic may divert staffing in hospitals, taking resources away from our clinical trial. Our ganaxolone clinical trials in the outpatient setting may be negatively impacted if patients and their caregivers do not want to participate in a clinical trial while the COVID-19 pandemic continues to severely affect the world. Although operations were not materially affected by the COVID-19 pandemic as of and for the year ended December 31, 2020, we are unable to predict the impact that COVID-19 will have in the future on our business, financial position, operating results and cash flows due to numerous uncertainties. The duration and severity of the pandemic and its long-term impact on our business are uncertain at this time, and our ability

to raise sufficient additional financing depends on many factors beyond our control, including the current volatility in the capital markets as a result of the COVID-19 pandemic.

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Our Pipeline

We are developing ganaxolone in indications where there is a mechanistic rationale for ganaxolone to provide a benefit, including the following indications:



Status Epilepticus (SE)

Status epilepticus (SE) is a life-threatening condition characterized by continuous, prolonged seizures or rapidly recurring seizures without intervening recovery of consciousness. If SE is not treated urgently, permanent neuronal damage may occur, which contributes to high rates of morbidity and mortality. Patients with SE who do not respond to first-line benzodiazepine treatment are classified as having established SE (ESE) and those who then progress to and then fail at least one second-line antiepileptic drug (AED) are classified as having RSE. In RSE, synaptic $GABA_A$ receptors are internalized into the neuron, resulting in decreased responsiveness to drugs such as benzodiazepines. Patients with RSE unresponsive to one or more second-line AEDs may be given an IV anesthetic to terminate seizures and prevent neuronal injury and other complications. SE that recurs following an attempted wean of IV anesthesia is classified as super refractory status epilepticus (SRSE). We estimate the number of cases of SE in the United States and Europe to be approximately 156,000 per year, with approximately 50% progressing to ESE and approximately 50% of those patients further progressing to ESE. In April 2016, we were granted FDA orphan drug designation for IV formulation of ganaxolone for the treatment of SE.

In September 2019, we announced positive top-line results in our open-label, dose-finding Phase 2 clinical trial evaluating IV ganaxolone in patients with RSE. The trial enrolled 17 medically heterogeneous patients who received an infusion of IV ganaxolone for up to 96 hours added to standard-of-care In addition to the target dose (713 mg/day), patients were enrolled into low dose (500 mg/day) and medium dose (650 mg/day) groups. Patients in the trial had failed a mean of 2.1 second-line IV AEDs (a mean of 2.9 total AED medications, including benzodiazepines) administered at therapeutic dose levels for an average of four hours prior to ganaxolone treatment.

In this clinical trial, ganaxolone met the primary endpoint with no patients (n=17) progressing to IV anesthetics within 24 hours of treatment initiation. The following table summarizes efficacy data through the four-week post treatment follow-up visit:

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Cohort	No escalation to IV anesthetics within 24 hrs from infusion initiation(Primary Endpoint)	Status-free through 24 hrs from infusion initiation*	No escalation to additional IV AEDs or IV anesthetics for status relapse at any time through 24 hrs after ganaxolone discontinuation	No SE relapse during the 4-wk follow up period
Target (713 mg/day) *(n=8)*	**100%** (8 of 8)	**88%** (7 of 8)	**100%** (8 of 8)	**100%** (6 of 6)
Medium (650 mg/day) *(n=4)*	**100%** (4 of 4)	**100%** (4 of 4)	**75%** (3 of 4)	**67%** (2 of 3)
Low (500 mg/day) *(n=5)*	**100%** (5 of 5)	**100%** (5 of 5)	**60%** (3 of 5)	**50%** (1 of 2)

*Investigator determination

In addition, the median time to status cessation across all dose cohorts was five minutes. Additional long-term data demonstrate that patients in the target dose cohort who were assessed at the end of a four-week follow up period (n=6) did not experience status relapse. An independent retrospective central review of continuous electroencephalography (EEG) data demonstrated that the target dose level provided sustained reductions in seizure burden (greater than 80%) throughout the entire analysis window.

In September 2020, we entered into a contract (BARDA Contract) with the Biomedical Advanced Research and Development Authority (BARDA), a division of the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response. Under the BARDA Contract, we received an award of up to an estimated $51 million for development of RSE. The BARDA Contract provides funding to support, on a cost-sharing basis, the completion of a Phase 3 clinical trial of IV-administered ganaxolone in patients with RSE (our Phase 3 clinical trial evaluating IV ganaxolone for the treatment of RSE (RAISE Trial)), funding of pre-clinical studies to provide support that IV-administered ganaxolone could be an effective treatment for RSE due to chemical nerve gas agent exposure, and funding of certain manufacturing scale-up and regulatory activities.

The BARDA Contract consists of a base period of approximately a two year duration during which BARDA will provide approximately $21 million of funding for the RAISE Trial on a cost share basis and funding of additional preclinical studies of ganaxolone in nerve agent exposure models. Following successful completion of the RAISE Trial and preclinical studies in the base period, the BARDA Contract provides for approximately $30 million of additional BARDA funding for three options in support of manufacturing, supply chain, clinical, regulatory and toxicology activities. Under the BARDA Contract, we will be responsible for cost sharing in the amount of approximately $33 million and BARDA will be responsible for approximately $51 million, if all development options are completed. The contract period-of-performance (base period plus option exercises) is up to approximately five years.

In January 2021, we enrolled the first patient in the RAISE Trial. The RAISE Trial is a randomized, double-blind, placebo-controlled clinical trial in patients with RSE. Approximately 80 trial sites in hospitals across the U.S. will participate. The trial is designed to enroll approximately 124 patients, who will be randomized to receive ganaxolone or placebo added to standard of care. With this number of patients, the trial is designed to provide over 90 percent power to detect a 30 percent efficacy difference between ganaxolone and placebo.

The co-primary endpoints for the RAISE Trial are (1) proportion of patients with RSE who experience seizure cessation within 30 minutes of treatment initiation without other medications for the treatment of RSE, and (2) proportion of patients with no progression to IV anesthesia for 36 hours following treatment initiation. We plan to announce top-line data from the trial in the first half of 2022. Planning continues for a separate RSE trial to be conducted in Europe. We are meeting with the EMA to discuss trial design in the first quarter of 2021 and a registration trial is planned to commence in the first half of 2022.

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In addition to the RAISE Trial, we have also provided IV ganaxolone under Emergency Investigational New Drug (eIND) applications for use in treating patients with SRSE and plans are also underway for a future SE clinical trial focusing on earlier intervention in ESE. The trial will be conducted in emergency rooms under exception from informed consent guidelines and will enroll patients with convulsive SE. We are making preparations to commence a Phase 2 clinical trial in ESE that is planned to begin in the first half of 2022. We expect that the trial will be composed of two stages, the initial open-label, dose optimization stage and subsequent double-blind placebo-controlled stage. We anticipate that during the open-label portion of the trial, multiple sequential cohorts of patients will be assessed to determine the bolus dose and subsequent IV infusion rate and infusion duration to be used in the double-blind second stage of the trial. We expect that this double-blind placebo-controlled phase will enroll approximately 80 ESE patients equally distributed among two arms of the trial who, in addition to standard of care, will receive either IV ganaxolone or placebo. We also expect that the primary efficacy endpoint of the trial will be the absence of electrographic (rapid EEG) evidence of SE or recurrence of generalized convulsions at 1 hour after the initiation of treatment. We plan to announce top-line data from the trial in the middle of 2023.

CDKL5 Deficiency Disorder (CDD)

CDD is a serious and rare genetic disorder that is caused by a mutation of the cyclin-dependent kinase-like 5 (CDKL5) gene, located on the X chromosome. It predominantly affects females and is characterized by early-onset, difficult-to-control seizures and severe neuro-developmental impairment. The CDKL5 gene encodes proteins essential for normal brain function. Most children affected by CDD cannot walk normally, talk, or care for themselves. Many also suffer from scoliosis, visual impairment, gastrointestinal difficulties or sleep disorders. There are no medications approved specifically for the treatment of CDD. Genetic testing is available to determine if a patient has a mutation in the CDKL5 gene. To our knowledge, no previous late-stage clinical trials have been conducted in this patient population and we estimate the CDD population to be approximately 12,500 patients in the United States and Europe. In June 2017, we were granted FDA orphan drug designation for ganaxolone for the treatment of CDKL5 Disorder. Additionally, in November 2019, the EMA Committee for Orphan Medicinal Products (COMP) granted orphan drug designation for ganaxolone for the treatment of CDKL5 Disorder.

In September 2020, we announced that ganaxolone achieved the primary endpoint in a Phase 3 clinical trial (Marigold Study) in children and young adults with CDD. The Marigold Study was a global, double-blind, placebo-controlled trial that enrolled 101 patients between the ages of 2 and 21 with a confirmed disease-related CDKL5 gene variant. Patients underwent a six-week prospective baseline period to collect seizure data, followed by a 17-week double-blind treatment phase during which study treatment was added to existing AED therapy. Patients randomized to ganaxolone titrated over four weeks to a dose of up to 600 mg of oral liquid suspension three times a day and maintained that dose for the following 13 weeks. Following the double-blind treatment phase, all patients had the opportunity to receive ganaxolone in the open label phase of the trial. The primary efficacy endpoint was percent change in 28-day seizure frequency for major motor seizures (tonic-clonic, tonic, atonic and clonic seizures). Patients given ganaxolone showed a 32.2% median reduction in 28-day major motor seizure frequency, compared to a 4.0% reduction for those receiving the placebo, a statistically significant difference for the primary endpoint ($p=0.002$). Ganaxolone was generally well-tolerated, demonstrating a safety profile consistent with previous clinical trials. The most frequent adverse event was somnolence.

We have received feedback from the U.S. Food and Drug Administration (FDA) that the efficacy and safety data resulting from the Marigold Study appear capable of supporting the filing of an NDA for ganaxolone in the treatment of CDD and a pre-NDA meeting with the FDA is scheduled for March 2021 to gain FDA alignment on the proposed format and content of the NDA. Subject to the feedback from the FDA, we plan to submit an NDA for ganaxolone in the treatment of CDD to the FDA in mid-2021 and a

Marketing Authorization Application (MAA) for ganaxolone for the treatment of CDD to the European Medicines Agency (EMA) at the end of the third quarter of 2021.

We continue to execute on our pre-commercial development plans for CDD, while simultaneously exploring commercialization opportunities for ganaxolone in CDD with third parties to maximize patient access. As such, we have launched an Expanded Access Program (EAP), which will allow patients who were not able to participate in the

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Marinus Pharmaceuticals, Inc.

Physical Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Mailing Address (if different from physical address): 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Telephone: (484) 801-4670 Website: https://marinuspharma.com/

Licensing Company Email: statelicensing@marinuspharma.com

Section 2: Personal Information

First: William Middle: Austin Last: Pentz

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500

City: Radnor State: PA Zip: 19087

Telephone: (484) 801-4670 Email: bpentz@marinuspharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: WP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		08/1996-12/2000	
Address	**City**	**State**	**Zip**
Registrar, 112 Shields Building	University Park	PA	16802
Diploma/Degree obtained, if any			
BS Degree in Mgmt and International Business			

School Name		From - To (MM/YY – MM/YY)	
Indiana Area Senior High School		08/1993-06/1996	
Address	**City**	**State**	**Zip**
450 N 5th St	Indiana	PA	15701
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2018-Present	[redacted] Skelp Level Road	Downingtown	PA	19335
03/2003- 05/2018	[redacted] Nobb Hill Drive	West Chester	PA	19380

Applicant's initials WP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5085) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Marinus Pharmaceuticals			04/21 - Present
Business Address	**City**	**State**	**Zip**
5 Radnor Corporate Center, 100 Matsonford Rd, Suite 500	Radnor	PA	19087
Phone	**Title**	**Number of Employed Hours**	
484-801-4670	Senior Director, Sales Operations and Strategy	1300+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Viela Bio			07/2019 - 04/2021
Business Address	**City**	**State**	**Zip**
1 Medimmune Way	Gaithersburg	MD	20878
Phone	**Title**	**Number of Employed Hours**	
(240) 558-0038	Director, Commercial Operations	4500+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Aclaris Therapeutics, Inc.			01/2018 - 06/2019
Business Address	**City**	**State**	**Zip**
640 Lee Road, Suite 200	Wayne	PA	19087
Phone	**Title**	**Number of Employed Hours**	
(484) 324-7933	Director, Sales Strategy and Operations	2900+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials WF

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, William Pentz, **certify that as the designated representative for**

Marinus Pharmaceuticals, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

William Pentz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2021

Date

Applicant's initials WP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Pentz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Delaware

I, William Pentz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/2021

Date

Subscribed and Sworn to before me this 20th day of December.

Megan Mitchell

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Megan Mitchell, Notary Public
Chester County
My commission expires April 16, 2025
Commission number 1394911
Member, Pennsylvania Association of Notaries

(Seal)

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)** (ultimate owner is publicly traded)
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Novartis Gene Therapies, Inc.

Physical Address: 2512 South Tri-Center Blvd.

City: Durham State: NC Zip: 27713

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 919-602-8378 Website: Novartis.com

Name of Designated Representative (DR): James K. Hatley

Licensing Company Email: DRDurham.ORG@novartis.com DR Email: DRDurham.ORG@novartis.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: clinics	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - facility will manufacture and ship its own product. See Attachment B.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Novartis Finance Corporation (ultimate owner is Novartis AG)

Corporation Name: Novartis Gene Therapies, Inc.

Mailing Address: 2512 South Tri-Center Blvd.

City: Dur am State: NC Zip: 27713

Telephone: 919-602-8378 Email: DRDur am.ORG@novartis.com

Contact Person Name: James K. Hatley

Date of SEC Registration: May 22, 2007 | SEC Registration Number: 0001114448 | Stock Exchange Symbol: NVS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - See Attachment B		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment C	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment B		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** See Attachment G	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James K. Hatley

Print Name of Authorized Person Submitting Application

DocuSigned by:
James Hatley

Original signature of Authorized Person (copies or stamps not accepted)

10-Feb-2022 | 20:53:47 GMT

Date

Signing Reason: I approve this document
Signing Time: 10-Feb-2022 | 20:53:44 GMT

Board Use Only	Date Received: F0B6748A1DC742FF83677287B23E92EB	Amount: $500 check 22410

Processed 2/17/22

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment A

FDA Registration

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **novartis gene**

CSVExcel

Filter: durham

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Novartis Gene Therapies, Inc.	3015404862	117213478	MANUFACTURE;	2512 S. TriCenter Blvd., Durham, North Carolina (NC) 27713, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries (filtered from 6 total entries)
Previous1Next
Data Current through: Thursday, Dec 16, 2021

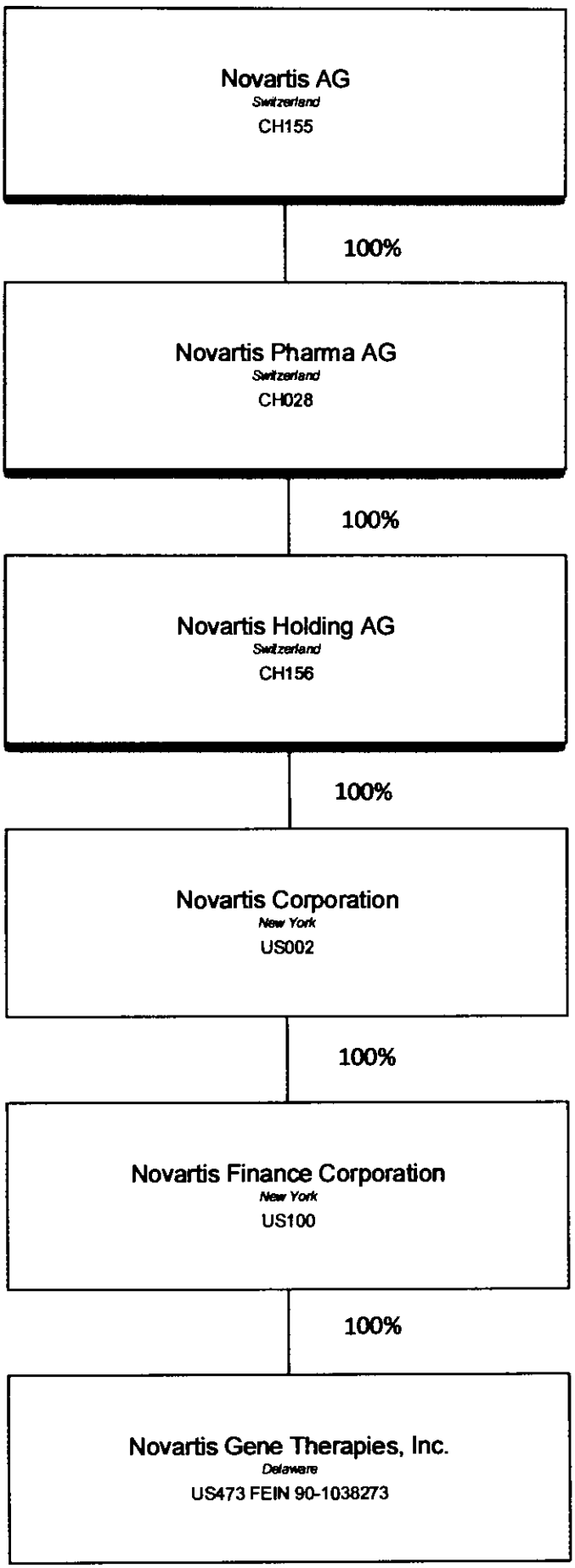
Return to Drug Firm Annual Registration Status Home Page (default.cfm)

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment B

Nature of Business and Ownership Chart

Novartis Gene Therapies, Inc.'s Durham, NC facility will manufacture a prescription drug. The facility will only distribute its own manufactured product to clinics, hospitals and pharmacies. Novartis Gene Therapies, Inc.'s ultimate owner is Novartis AG. Novartis AG is publicly traded. Enclosed is an ownership chart.


Novartis AG
Switzerland
CH155
100%
Novartis Pharma AG
Switzerland
CH028
100%
Novartis Holding AG
Switzerland
CH156
100%
Novartis Corporation
New York
US002
100%
Novartis Finance Corporation
New York
US100
100%
Novartis Gene Therapies, Inc.
Delaware
US473 FEIN 90-1038273

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment C

Corporate Officer and Director Information

Novartis Gene Therapies, Inc.

Corporate Officers:

Christine Lee Fox
President

John F. Kuckelman
Senior Vice President and General Counsel

Shephard Mpofu
Chief Medical Officer

Directors:

Thomas Kendris
Christian Klee

Attachment D

Delaware Certificate of Good Standing

File Number 7019-552-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NOVARTIS GENE THERAPIES, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON AUGUST 21, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* FEBRUARY ***A.D.*** 2022 .

Authentication #: 2204502710 verifiable until 02/14/2023

Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment E

List of Employees

Christine Lee Fox
John F. Kuckelman
Shephard Mpofu
James K. Hatley

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment F

Resident State License

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1349

LICENSE/CERTIFICATE: **Manufacturer**

TYPE **PRESCRIPTION DRUG LICENSE**

Expiration Date **12/31/2022**

LICENSEE OR CERTIFICATOR

Novartis Gene Therapies Inc.
2512 SOUTH TRI CENTER BLVD
DURHAM **NC** **27713**

LICENSED
2022
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

DocuSign Envelope ID: 7107B385-5620-48E9-A79D-EAFE919BE672

Attachment G

SEC 20F

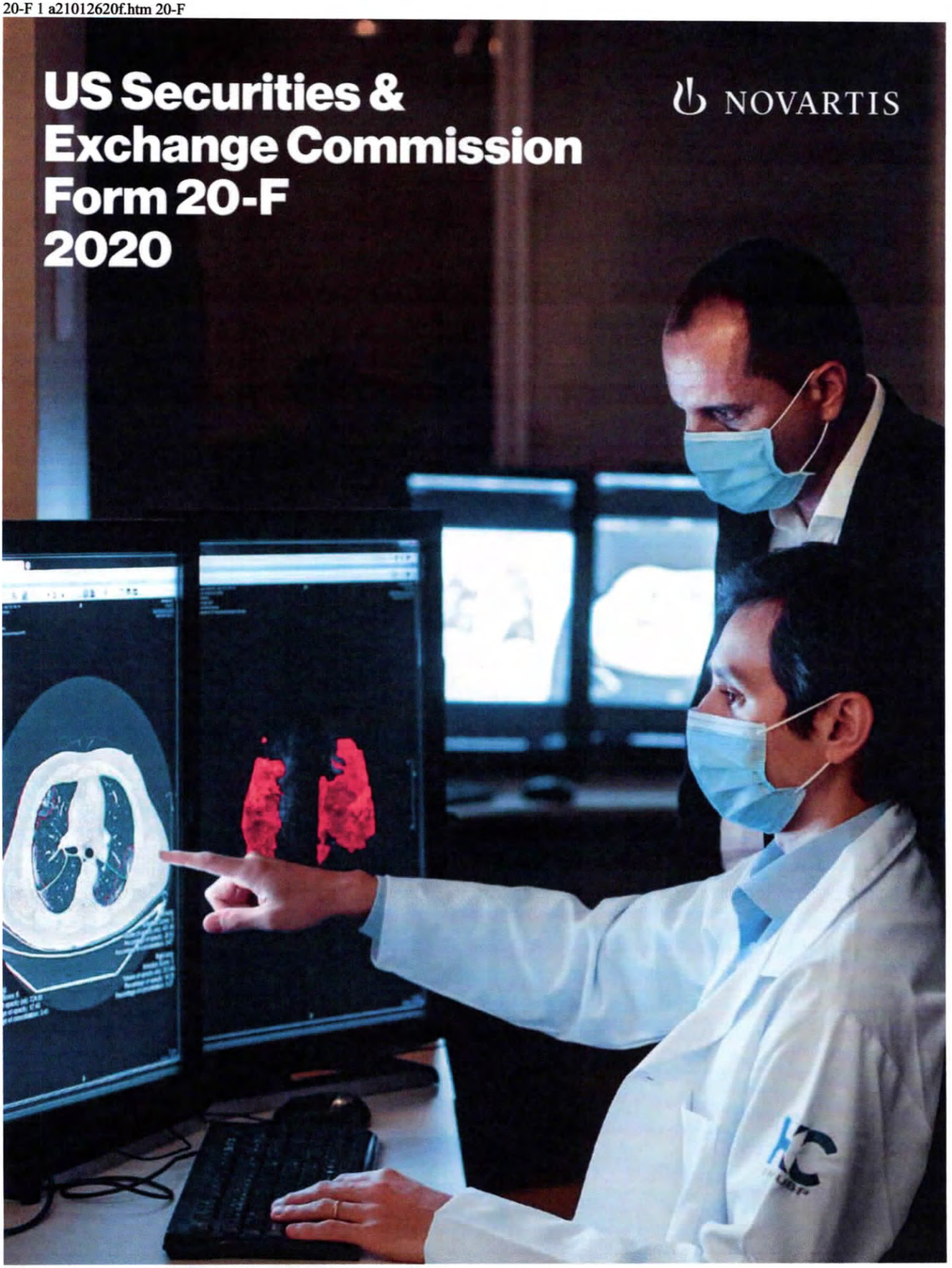
Enclosed are the first 10 pages from Novartis AG's latest annual 20F filing (equivalent of 10K filing for foreign companies). See page 4 of the report where Novartis Gene Therapies, Inc. is first referenced. The full report, with exhibits, is over 300 pages. You review the report online at:

https://www.sec.gov/Archives/edgar/data/0001114448/000137036821000006/a21012620f.htm

20-F 1 a21012620f.htm 20-F

US Securities & Exchange Commission Form 20-F 2020

NOVARTIS





As filed with the Securities and Exchange Commission on January 26, 2021

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Form 20-F

☐ REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR 12(g) OF THE SECURITIES EXCHANGE ACT OF 1934
OR
☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 for the fiscal year ended December 31, 2020
OR
☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
OR
☐ SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
Date of event requiring this shell company report.....

For the transition period from _____ to _____

Commission file number 1-15024

Novartis AG

(Exact name of Registrant as specified in its charter)

NOVARTIS Inc.

(Translation of Registrant's name into English)

Switzerland

(Jurisdiction of incorporation or organization)

Lichtstrasse 35
4056 Basel, Switzerland
(Address of principal executive offices)

Shannon Thyme Klinger
Chief Legal Officer
Novartis AG
CH 4056 Basel
Switzerland
Tel.: +41-61-324-1111
Fax: +41-61-324-7826

(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American Depositary Shares each representing 1 share	NVS	New York Stock Exchange
Ordinary shares, nominal value CHF 0.50 per share*	NOVN	New York Stock Exchange*

Securities registered or to be registered pursuant to Section 12(g) of the Act:
None

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act:
None

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:
2 258 822 048 ordinary shares

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ **No** ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ **No** ☒

Note—Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.
Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ **No** ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ **No** ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "large accelerated filer," "accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No ☒

* Not for trading but only in connection with the registration of American Depositary Shares representing such ordinary shares.

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  - Sandoz
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- 5.B Liquidity and capital resources
- 5.C Research and development, patents and licenses
- 5.D Trend information
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- 5.F Tabular disclosure of contractual obligations

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Introduction and use of certain terms

Novartis AG and its consolidated affiliates publish consolidated financial statements expressed in US dollars. Our consolidated financial statements responsive to Item 18 of this Annual Report on Form 20-F (Annual Report) are prepared in accordance with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB). "Item 5. Operating and Financial Review and Prospects," together with the sections on products in development and key development projects of our businesses (see "Item 4. Information on the Company—Item 4.B. Business overview"), constitute the Operating and Financial Review ("Lagebericht"), as defined by the Swiss Code of Obligations.

Unless the context requires otherwise, the words "we," "our," "us," "Novartis," "Group," "Company," and similar words or phrases in this Annual Report refer to Novartis AG and its consolidated affiliates. However, each Group company is legally separate from all other Group companies and manages its business independently through its respective board of directors or similar supervisory body or other top local management body, if applicable. Each executive identified in this Annual Report reports directly to other executives of the Group company that employs the executive, or to that Group company's board of directors.

In this Annual Report, references to "US dollars," "USD" or "$" are to the lawful currency of the United States of America, references to "CHF" are to Swiss francs, and references to "euro" or "EUR" are to the lawful currency of 27 member states participating in the European Union; references to the "United States" or to "US" are to the United States of America, references to the "European Union" or to "EU" are to the European Union and its 27 member states, references to "Latin America" are to Central and South America, including the Caribbean, and references to "Australasia" are to Australia, New Zealand, Melanesia, Micronesia and Polynesia, unless the context otherwise requires; references to the "EC" are to the European Commission; references to "associates" are to employees of our affiliates; references to the "SEC" are to the US Securities and Exchange Commission; references to the "FDA" are to the US Food and Drug Administration; references to the "EMA" are to the European Medicines Agency, an agency of the EU, and references to the "CHMP" are to the Committee for Medicinal Products for Human Use of the EMA; references to "ADR" or "ADRs" are to Novartis American Depositary Receipts, and references to "ADS" or "ADSs" are to Novartis American Depositary Shares; references to the "NYSE" are to the New York Stock Exchange, and references to "SIX" are to the SIX Swiss Exchange; references to "ECN" are to the Executive Committee of Novartis; references to "GSK" are to GlaxoSmithKline plc, references to "AAA" are to Advanced Accelerator Applications S.A., references to "Novartis Gene Therapies" are to Novartis Gene Therapies, Inc. (formerly AveXis), and references to "Endocyte" are to Endocyte, Inc.

All product names appearing in italics are trademarks owned by or licensed to Group companies. Product names identified by a "®" or a "™" are trademarks that are not owned by or licensed to Group companies and are the property of their respective owners.

Forward-looking statements

This Annual Report contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and the United States Private Securities Litigation Reform Act of 1995, as amended. Other written materials filed with or furnished to the SEC by Novartis, as well as other written and oral statements made to the public, may also contain forward-looking statements. Forward-looking statements can be identified by words such as "potential," "expected," "will," "planned," "pipeline," "outlook," "may," "could," "would," "anticipate," "seek," or similar terms, or by express or implied discussions regarding potential new products, potential new indications for existing products, or regarding potential future revenues from any such products; or regarding the potential outcome, or financial or other impact on Novartis, of the acquisition of The Medicines Company, and other transactions described; or regarding the potential impact of share buybacks; or regarding potential future sales or earnings of the Group or any of its divisions or potential shareholder returns; or regarding potential future credit ratings of the Group; or by discussions of strategy, plans, expectations or intentions. Such forward-looking statements are based on the current beliefs and expectations of management regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. You should not place undue reliance on these statements.

In particular, our expectations could be affected by, among other things:

- Uncertainties regarding the success of key products and commercial priorities;
- Global trends toward healthcare cost-containment, including ongoing government, payer and general public pricing and reimbursement pressures and requirements for increased pricing transparency;
- Uncertainties in the research and development of new healthcare products, including clinical trial results and additional analysis of existing clinical data;
- Our ability to obtain or maintain proprietary intellectual property protection, including the ultimate extent of the impact on Novartis of the loss of patent protection and exclusivity on key products that commenced in prior years and is expected to continue this year;
- The potential that the strategic benefits, operational efficiencies or opportunities expected from our recent transactions or our organizational, structural and cultural transformations may not be realized or may take longer to realize then expected;
- Our performance on environmental, social and governance measures;
- Uncertainties in the development or adoption of potentially transformational technologies and business models;
- Uncertainties regarding potential significant breaches of information security or disruptions of our information technology systems;
- Our reliance on outsourcing key business functions to third parties;
- Our ability to attract, integrate and retain key personnel and qualified individuals;
- Uncertainties regarding actual or potential legal proceedings, including, among others, litigation and other legal disputes with respect to our recent transactions, product liability litigation, litigation and investigations regarding sales and marketing practices, intellectual property disputes and government investigations generally;
- Regulatory actions or delays or government regulation generally, including potential regulatory actions or delays with respect to the development of the products described in this Annual Report;
- Our ability to comply with data privacy laws and regulations, and uncertainties regarding potential significant breaches of data privacy;
- Safety, quality, data integrity or manufacturing issues;

- General political, economic and business conditions, including the effects of and efforts to mitigate pandemic diseases such as COVID-19;
- The impact of pandemic diseases such as COVID-19 on enrollment in, initiation and completion of our clinical trials in the future, and research and development timelines;
- Uncertainties involved in predicting shareholder returns;
- Uncertainties regarding the effects of recent and anticipated future changes in tax laws and their application to us;
- Uncertainties regarding future global exchange rates; and
- Uncertainties regarding future demand for our products.

Some of these factors are discussed in more detail in this Annual Report, including under "Item 3. Key Information—Item 3.D. Risk factors," "Item 4. Information on the Company," and "Item 5. Operating and Financial Review and Prospects." Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this Annual Report as anticipated, believed, estimated or expected. We provide the information in this Annual Report as of the date of its filing. We do not intend, and do not assume any obligation, to update any information or forward-looking statements set out in this Annual Report as a result of new information, future events or otherwise.

Part I

Item 1. Identity of Directors, Senior Management and Advisers

Not applicable.

Item 2. Offer Statistics and Expected Timetable

Not applicable.

Item 3. Key Information

3.A Selected financial data

The selected financial information set out below has been extracted from our consolidated financial statements prepared in accordance with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standard Board (IASB). Our consolidated financial statements for the years ended December 31, 2020, 2019 and 2018, are included in "Item 18. Financial Statements" in this Form 20-F.

All financial data should be read in conjunction with "Item 5. Operating and Financial Review and Prospects." All financial data presented in this Form 20-F are qualified in their entirety by reference to the consolidated financial statements and their notes.

	Year ended December 31,				
(USD millions, except per share information)	**2020**	2019	2018	2017	2016
INCOME STATEMENT DATA[1]					
Net sales to third parties from continuing operations	**48 659**	**47 445**	**44 751**	**42 338**	**41 975**
Operating income from continuing operations	**10 152**	**9 086**	**8 403**	**8 702**	**8 248**
Income from associated companies	673	659	6 438	1 108	703
Interest expense	– 869	– 850	– 932	– 750	– 675
Other financial income and expense	– 78	45	186	42	– 385
Income before taxes from continuing operations	**9 878**	**8 940**	**14 095**	**9 102**	**7 891**
Taxes	– 1 807	– 1 793	– 1 295	– 1 603	– 1 095
Net income from continuing operations	**8 071**	**7 147**	**12 800**	**7 499**	**6 796**
Net (loss) / income from discontinued operations before gain on distribution of Alcon Inc. to Novartis shareholders		– 101	– 186	204	– 98
Gain on distribution of Alcon Inc. to Novartis AG shareholders		4 691			
Net income/(loss) from discontinued operations		**4 590**	**– 186**	**204**	**– 98**
Group net income	**8 071**	**11 737**	**12 614**	**7 703**	**6 698**
Attributable to:					
Shareholders of Novartis AG	**8 072**	11 732	12 611	7 703	6 712
Non-controlling interests	**– 1**	5	3	0	– 14
Basic earnings per share (USD)					
Continuing operations	**3.55**	3.12	5.52	3.20	2.86
Discontinued operations		2.00	– 0.08	0.08	– 0.04
Total	**3.55**	5.12	5.44	3.28	2.82
Diluted earnings per share (USD)					
Continuing operations	**3.52**	3.08	5.46	3.17	2.84
Discontinued operations		1.98	– 0.08	0.08	– 0.04
Total	**3.52**	5.06	5.38	3.25	2.80
Cash dividends[2]	**6 987**	6 645	6 966	6 495	6 475
Cash dividends per share in CHF[3]	**3.00**	2.95	2.85	2.80	2.75
Personnel cost from continuing operations[4, 5]	**13 898**	13 843	13 515	12 009	11 950
Full-time equivalent associates of continuing operations at year-end[5]	**105 794**	103 914	104 780	102 467	99 747

[1] Continuing operations include the businesses of the Innovative Medicines and Sandoz Divisions and Corporate activities. Discontinued operations included the Alcon business, which was divested in 2019. To reflect these transactions, Novartis reported the Group's financial results for 2020 to 2016 as "continuing operations" and "discontinued operations," as required by IFRS.

[2] Cash dividends represent cash payments in the applicable year that generally relates to earnings of the previous year.

[3] Cash dividends per share represent dividends proposed that relate to earnings of the current year. Dividends for 2016 through 2019 were approved at the respective AGMs, and dividends for 2020 will be proposed to the Annual General Meeting on March 2, 2021, for approval.

[4] Personnel cost include wages, salaries, allowances, commissions and bonuses to staff, overtime, awards, holiday pay, severance payments and social welfare expenses.

[5] Own employees

(USD millions)	Year ended December 31, 2020	2019	2018	2017	2016
BALANCE SHEET DATA					
Cash, cash equivalents, and marketable securities and derivative financial instruments	**11 563**	11 446	15 964	9 485	7 777
Inventories	**7 131**	5 982	6 956	6 867	6 255
Other current assets	**10 979**	11 235	11 836	11 856	10 899
Non-current assets	**102 386**	88 866	110 000	104 871	105 193
Assets of disposal group held for sale[1]		841	807		
Total assets	**132 059**	**118 370**	**145 563**	**133 079**	**130 124**
Trade accounts payable	**5 403**	5 424	5 556	5 169	4 873
Other current liabilities	**27 656**	22 809	24 000	18 234	17 336
Non-current liabilities	**42 334**	34 555	37 264	35 449	33 024
Liabilities of disposal group held for sale[1]		31	51		
Total liabilities	**75 393**	**62 819**	**66 871**	**58 852**	**55 233**
Equity attributable to shareholders of Novartis AG	**56 598**	55 474	78 614	74 168	74 832
Non-controlling interests	**68**	77	78	59	59
Total equity	**56 666**	**55 551**	**78 692**	**74 227**	**74 891**
Total liabilities and equity	**132 059**	**118 370**	**145 563**	**133 079**	**130 124**
Net assets	**56 666**	55 551	78 692	74 227	74 891
Outstanding share capital	**860**	856	875	869	896
Total outstanding shares (millions)	**2 257**	2 265	2 311	2 317	2 374

[1] In 2019 and 2018, the disposal group held for sale related to the assets and liabilities of the planned divestment of the Sandoz US dermatology business and generic US oral solids portfolio to Aurobindo Pharma USA Inc., as announced on September 6, 2018. In March 2020, Novartis took the decision to retain these businesses. (see "Item 18. Financial Statements—Note 2. Significant transactions").

Cash dividends per share

Cash dividends are translated into US dollars at the Bloomberg Market System Rate on the payment date. Because we pay dividends in Swiss francs, exchange rate fluctuations will affect the US dollar amounts received by holders of ADRs.

Year earned	Month and year paid	Total dividend per share (CHF)	Total dividend per share (USD)
2016	March 2017	2.75	2.72
2017	March 2018	2.80	2.94
2018	March 2019	2.85	2.84
2019	March 2020	2.95	3.12
2020[1]	March 2021	3.00	3.40[2]

[1] Dividend to be proposed at the Annual General Meeting on March 2, 2021, and to be distributed from March 8, 2021.

[2] Translated into US dollars at the December 31, 2020, rate of USD 1.135 to the Swiss franc. This translation is an example only, and should not be construed as a representation that the Swiss franc amount represents, or has been or could be converted into US dollars at that or any other rate.

3.B Capitalization and indebtedness

Not applicable.

3.C Reasons for the offer and use of proceeds

Not applicable.

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1: General Information

Facility Name: Reliance Wholesale Inc. (FL Facility)

Physical Address: 13801 SW 119th Ave

City: Miami State: FL Zip: 33186

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-210-1591 Website: www.reliancewholesale.com

Name of Designated Representative (DR): Chadd Phinney

Licensing Company Email: _____ DR Email: chadd@reliancewholesale.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☑ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✔	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson
Address: 9954 Maryland Dr. City: Richmond State: VA Zip: 23233

Name: Trimed Distributors
Address: 120 Vanderburg Rd City: Malboro State: NJ Zip: 07746

Name: LoneStar Pharmaceuticals
Address: 11951 Hilltop Rd Bld6 Suite 18 City: Argile State: TX Zip: 76226

Name: Medcare Health
Address: 85 Franklin Rd Suite 88 City: Dover State: NJ Zip: 07801

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: TN
Parent Company (if any):
Corporation Name: Reliance Wholesale Inc.
Mailing Address: 13801 SW 119th Ave
City: Miami State: FL Zip: 33186
Telephone: 866-210-1591 Email: tres@reliancewholesale.com
Contact Person Name: Jose A Trespalacios Jr.

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
✓ **List of all Officers and Directors.**	✓	✓		
✗ **List the top four corporation shareholders and their percent ownership.**	✓			
✓ **List of all corporation shareholders and their percent ownership.**		✓		
✗ **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
✗ **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
✗ **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose A. Trespalacios

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/2/21

Date

Board Use Only	Date Received: _____	Amount: 500 check # 16192

To: Board of Pharmacy
From: Reliance Wholesale Inc. **a Tennessee Corporation** EIN 20-3460248
Certified Minority Owned Business - No parent company. Established 9/2005

Re: Shareholders and **Corporate officers**
Phone # - 866-210-1591 fax 305-574-7775

Effective Date: 03/2021

Officer/Director
Josue Navarro- [redacted]
DOB- [redacted]
Title- President / CEO
Home address / phone
[redacted] Hiawatha Ave Unit [redacted]
Coconut Grove, FL 33133
[redacted] [redacted]@RelianceWholesale.com

Shareholder
Navarro Family Trust - EIN-90-6254760
***Stock Ownership* 60%**
Trustee- John G. Admire
[redacted] Ponce De Leon Blvd. # [redacted]
Coral Gables, FL 33134
[redacted] [redacted]@SullivanAdmire.com

Shareholder/ Officer /Director
Jose Trespalacios- [redacted]
DOB- [redacted]
Title – Vice President / Secretary
***Stock ownership* – 40%**
Home address / phone
[redacted] SW 104th St
Pinecrest, FL 33156
[redacted] [redacted]@RelianceWholesale.com

Business Address – Corporate Office
13801 SW 119 Ave, Miami, FL 33186
866-210-1591

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PAMELA POWELL
13801 SW 119 AVENUE
MIAMI, FL 33186

January 25, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0456446

Issuance Date: 01/25/2022
Copies Requested: 1

Document Receipt

Receipt # : 006856122	Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3822309279	$20.00

Regarding:	**RELIANCE WHOLESALE, INC.**		
Filing Type:	For-profit Corporation - Domestic	Control # :	501651
Formation/Qualification Date:	09/02/2005	Date Formed:	09/09/2005
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

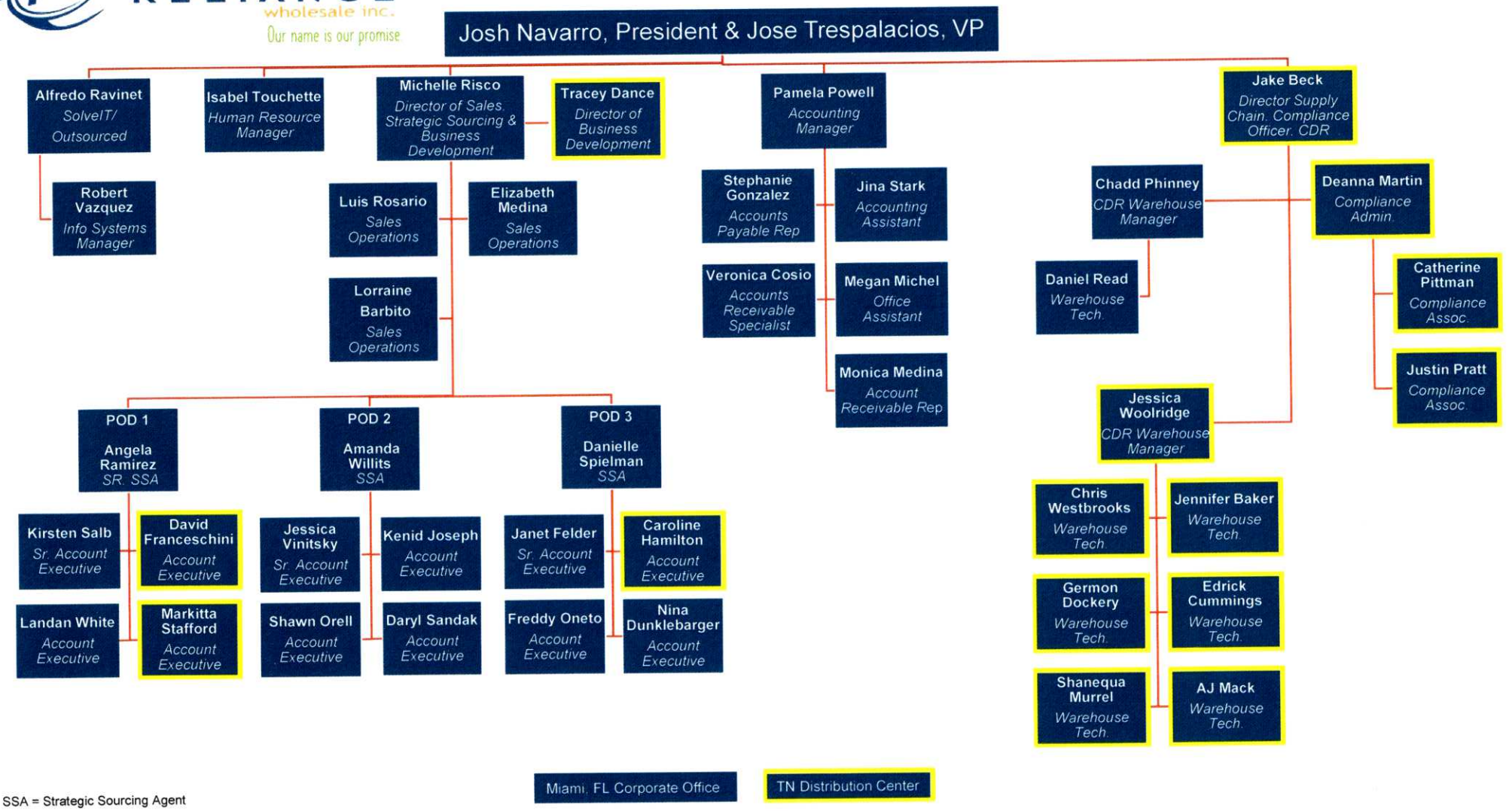
Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 051277321

RELIANCE wholesale inc.
Our name is our promise

Updated June 2021



SSA = Strategic Sourcing Agent

* SYNOVUS BANK is our BANKER & LENDER.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS (850) 487-1395
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

RELIANCE WHOLESALE INC.
13801 SW 119TH AVE.
MIAMI FL 33186

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220219 ISSUED: 10/07/2021

RX DRUG WHOLESALE DISTRIBUTOR
RELIANCE WHOLESALE INC.

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date : OCT 31, 2023 L2110070000107

DETACH HERE

RON DESANTIS, GOVERNOR JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
2220219

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: OCT 31, 2023

RELIANCE WHOLESALE INC.
13801 SW 119TH AVENUE
MIAMI FL 33186

ISSUED: 10/07/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2110070000107

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective October 8, 2021 the following location is added:

Florida Location: 13801 SW 119th Avenue, Miami, FL 33186

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this October 8, 2021

SureTec Insurance Company, Surety

By: _____

Davor I Mimica, Attorney in Fact

POA #: 5111001 1266

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903628

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 8 day of October 2021 A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5111001

Application/License No. _____

Reliance Wholesale, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9325 Cordova Park Road Cordova, TN 33186 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 952 Echo Lane, Suite 450 Houston, TX 77024 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 15, 2011 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions: **Bond No. 5111001**

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of April, 2011.

APPLICANT/PRINCIPAL
Reliance Wholesale, Inc.

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Davor I. Mimica, Attorney-in-fact
print name & Nevada Non-Res Agent

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of September, A.D. 2010.

SURETEC INSURANCE COMPANY

By: _____
John Knox Jr., President

State of Texas ss:
County of Harris

On this 3rd day of September, A.D. 2010 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN MALDONADO
Notary Public, State of Texas
My Commission Expires
May 18, 2013

_____
Jacquelyn Maldonado, Notary Public
My commission expires May 18, 2013

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 27th day of April, 2011, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

SureTec

INVOICE

Insource (Acrisure, LLC dba)
9500 South Dadeland Boulevard, 4th Floor
Miami, FL 33156

Agency Code 910101

Applicant	Reliance Wholesale, Inc.
Effective Date	July 15, 2021
Expiration Date	July 14, 2022
Obligee	Nevada State Board of Pharmacy
Bond Description	Pharmaceutical Wholesale Distributor
Bond Number	5111001

Bond Amount	$100,000.00
Premium	$1,000.00 PAID

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX 77042

Should you have any questions concerning this invoice, please call (888) 344-3362

Bond premium is due 45 days from the end of the month in which the bond or endorsement is executed

Thank you for your business. We appreciate it!

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective October 8, 2021 the following location is added:

Florida Location: 13801 SW 119th Avenue, Miami, FL 33186

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this October 8, 2021

SureTec Insurance Company, Surety

By: _____

Davor I Mimica, Attorney in Fact

POA #: 5111001 1272

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903028

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 8 day of October 2021 A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective September 16th, 2019

The Tennessee location on the bond is: 100 Crescent Drive, Collierville, TN 38017

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this September 16th, 2019

SureTec Insurance Company, Surety

By: _____

Davor I. Mimica *Attorney in Fact*

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

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In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 16th day of September, 2019, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Reliance Wholesale, Inc.

Physical Address 13801 SW 119 Ave

City Miami State FL Zip 33186

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-210-1591 Website https://reliancewholesale.com

Licensing Company Email tres@reliancewholesale.com

Section 2: Personal Information

First Chadd Middle K Last Phinney

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] SW 87 Street

City Miami State FL Zip 33173

Telephone [redacted] Email chadd@reliancewhoelsale.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials CP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Miami Killian Sr High		08/92 - 06/96	
Address	**City**	**State**	**Zip**
10655 SW 97th Ave	Miami	FL	33176
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/15-current	[redacted] SW 87 Street	Miami	FL	33173
05/13-05/15	[redacted] SW 92 Ave, B-[redacted]	Miami	FL	33176
01/05-05/13	[redacted] SW 92 Ave, C-[redacted]	Miami	FL	33176
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CP _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Reliance Wholesale			03/11-current	
Business Address		**City**	**State**	**Zip**
13801 SW 119 Ave		Miami	FL	33186
Phone	**Title**		**Number of Employed Hours**	
866-210-1591	CDR		over 6,000	
Description of Duties				
Responsible for but not limited to warehousing, record keeping, inventory, compliance of all State and Federal regulations as they pertain to our Florida location.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Litigation History – Chadd K. Phinney

Supplement to Application Section 8, Item 4

1. *Branch Banking and Tr Co v. Jane K. Phinney et al.*, Miami-Dade County Circuit Court Case No. 2012-028392 CA 01: Mortgage foreclosure. Case settled and dismissed in 2013.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09-16-1998	12-08-1998	FL	Miami	Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
131998MO048955B000XX				
Reason/Charge				
1. Obstruct police off 2. resist arr w/o viol				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Florida				
Name of Business/Industry/Entity				

Provide explanation below:

September 16, 2021

Re: Explanation of arrest

To whom it may concern,

In 1998 when I was 20 years old, I was allowed into a bar without showing ID by the bar employee that was a friend of an acquaintance of a large group I was with. After entering the bar, an employee of the bar told me a police officer wanted to talk with me outside. The police officer asked me for my wallet. I provided the police officer with my driver's license but the officer insisted that I give him my wallet. After refusing to give the police officer my wallet, I was arrested and charged with obstructing a police officer and resisting arrest without violence. The disposition was nolle prosequi.

In 2001 when I was 23 years old, a police officer found marijuana on the passenger's side floor of my car. Although the marijuana belonged to the passenger, the officer charged both me and the passenger with possession of marijuana. The disposition was nolle prosequi.

In 2002 when I was 24 years old, a police officer found marijuana in my friend's car and I was charged with possession of marijuana. The disposition was nolle prosequi.

There have been no issues since.

Sincerely,

Chadd Phinney
Reliance Wholesale, Inc.

Original Signature (electronic, copies or stamps not accepted)

7-30-2021
Date

Applicant's initials CP

CASE INFORMATION

Court Case No.: M98048955B
State Case No.: 131998MO048955B000XX
Name: PHINNEY, CHADD KELSEY
Date of Birth: [redacted]
Date Filed: 09/16/1998
Date Closed: 12/08/1998
Warrant Type:
Previous Case:
Next Case:
Judge: CAPOTE-ERBEN BETTY
Defense Attorney:
Bfile Section: M001
File Location: DESTROYED
Box Number:
ALT Section: M001
ALT/Backup Judge: CAPOTE-ERBEN, BETTY

HEARING

Hearing Date:
Hearing Time:
Hearing Type:
Court Room: REGJB - JUSTICE BUILDING, ROOM No.: 2-11
Address: 1351 N.W. 12 ST

CHARGES

Seq No.	Charge	Charge Type	Disposition
1	OBSTRUCT POLICE OFF	MUNICIPAL ORDINANCE	NOLLE PROS
2	RESIST ARR W/O VIOL	MUNICIPAL ORDINANCE	NOLLE PROS

DOCKETS

Seq. No.	Date	Book/Page	Docket
14	12/08/1998		CLOSING JUDGE SCHWARTZ, CARYN C
11	11/17/1998		REPORT RE: SOUNDING SET FOR 12/02/1998 AT 11:00
10	11/17/1998		TRIAL HEARING SCHEDULED FOR 12/08/1998 AT 08:30
7	10/09/1998		REQUEST FOR ADDITIONAL TIME TO FILE MOTIONS
6	10/09/1998		WRITTEN PLEA OF NOT GUILTY
4	10/09/1998		NOTICE OF APPEARANCE KARA PHINNEY,ESQ.
2	09/22/1998		ALTERNATE JUDGE SCHWARTZ, CARYN C
1	09/22/1998		ARRAIGNMENT HEARING SCHEDULED FOR 10/15/1998 AT 09:30

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: PHINNEY, CHADD KELSEY
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1978 - 2021

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
PHINNEY, CHADD KELSEY				
M01006970B	02/02/2001	MARIJUANA/POSSESSION	NOLLE PROS-COMP PT	10/09/2001
		NARC IMPL/POSN W/O R	NOLLE PROS-COMP PT	10/09/2001
PHINNEY, CHADD KELSEY				
M98048955B	09/11/1998	OBSTRUCT POLICE OFF	NOLLE PROS	12/08/1998
		RESIST ARR W/O VIOL	NOLLE PROS	12/08/1998

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (10 YEARS FOR FELONY, MISDEMEANOR AND CRIMINAL TRAFFIC VIOLATIONS IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

PAGE: 001

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 18 DAY OF AUGUST, 2021.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

PAGE: 002

BY: Mary Rauls 9589
DEPUTY CLERK

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, in and for Dade County

MARY RAULS 9589

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02-07-2001	10-04-2001	FL	Miami	Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
132001CO006970B000XX		Miami Dade		
Reason/Charge				
1. Marijuana/possession 2. Narc Impl/posn w/o R				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Florida				
Name of Business/Industry/Entity				

Provide explanation below:

September 16, 2021

Re: Explanation of arrest

To whom it may concern,

In 1998 when I was 20 years old, I was allowed into a bar without showing ID by the bar employee that was a friend of an acquaintance of a large group I was with. After entering the bar, an employee of the bar told me a police officer wanted to talk with me outside. The police officer asked me for my wallet. I provided the police officer with my driver's license but the officer insisted that I give him my wallet. After refusing to give the police officer my wallet, I was arrested and charged with obstructing a police officer and resisting arrest without violence. The disposition was nolle prosequi.

In 2001 when I was 23 years old, a police officer found marijuana on the passenger's side floor of my car. Although the marijuana belonged to the passenger, the officer charged both me and the passenger with possession of marijuana. The disposition was nolle prosequi.

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There have been no issues since.

Sincerely,

Chadd Phinney
Reliance Wholesale, Inc.

Original Signature (electronic, copies or stamps not accepted)

7-30-2021
Date

Applicant's initials CP CP

CASE INFORMATION

Court Case No.: M01006970B
State Case No.: 132001CO0069708000XX
Name: PHINNEY, CHADD KELSEY
Date of Birth: [redacted]
Date Filed: 02/07/2001
Date Closed: 10/04/2001
Warrant Type:
Previous Case:
Next Case:
Judge: NELSON JULIE HARRIS
Defense Attorney:
Bfile Section: M008
File Location: DESTROYED
Box Number:

HEARING

Hearing Date:
Hearing Time:
Hearing Type:
Court Room: REGJB - JUSTICE BUILDING, ROOM No.: 4-9
Address: 1351 N.W. 12 ST

CHARGES

Seq No.	Charge	Charge Type	Disposition
1	MARIJUANA/POSSESSION	COUNTY ORDINANCE	NOLLE PROS-COMP PTI
2	NARC IMPL/POSN W/O R	COUNTY ORDINANCE	NOLLE PROS-COMP PTI

DOCKETS

Seq. No.	Date	Book/Page	Docket
5	10/04/2001		MEMO RE: DEFERRED PROSECUTION PROGRAM NOLLE PROSSE
4	03/21/2001		MEMO RE: DEFERRED PROSECUTION PROGRAM ACCEPTANCE
3	03/14/2001		PRETRIAL DIVERSION REFERRAL FORM
1	02/16/2001		ARRAIGNMENT HEARING SCHEDULED FOR 03/14/2001 AT 10:15

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4-27-2002	6-6-2002	FL	Marathon	Dade
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
442002MM000455000AMR		Sate of Florida		
Reason/Charge				
1. Poss/sell Control Substance 2. Possess use etc Drug paraphernalia				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Florida				
Name of Business/Industry/Entity				

Provide explanation below:

September 16, 2021

Re: Explanation of arrest

To whom it may concern,

In 1998 when I was 20 years old, I was allowed into a bar without showing ID by the bar employee that was a friend of an acquaintance of a large group I was with. After entering the bar, an employee of the bar told me a police officer wanted to talk with me outside. The police officer asked me for my wallet. I provided the police officer with my driver's license but the officer insisted that I give him my wallet. After refusing to give the police officer my wallet, I was arrested and charged with obstructing a police officer and resisting arrest without violence. The disposition was nolle prosequi.

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There have been no issues since.

Sincerely,

Chadd Phinney
Reliance Wholesale, Inc.

Original Signature (electronic, copies or stamps not accepted)

7-30-2021
Date

Applicant's initials CP CP

Monroe County Clerk - Court Records Search

02-MM-455-A-M : STATE OF FLORIDA VS. CHADD KELSEY PHINNEY

Case Type:	Misdemeanor	Date Filed:	5/6/2002
Location:	Criminal Marathon	UCN:	442002MM000455000AMR
Judge:	Ruth Becker	Status:	Closed
Citation Number:	Misdemeanor	Appear By Date:	

Parties

Name	Type	Attorney	Atty Phone
CHADD KELSEY PHINNEY	Defendant	James Dorl	305-743-6565
State Of Florida	State of Florida	Thomas Kurth	305-289-2593

Charge Details

Offense Date	Charge	Plea	Arrest	Disposition	Sentence
4/27/2002	1. POSS/SELL CONTROL SUBSTANCE Statute: 893.13 Misdemeanor First Degree	6/6/2002 NO PLEA	4/27/2002 OBTS:8888888888 Sequence:001 Control Number:888888888888 Arresting Agency:Monroe County Sheriff's Office	6/6/2002 Pretrial Diversion	
4/27/2002	2. POSSESS USE ETC DRUG PARAPHERNALIA Statute: 893.147 Misdemeanor First Degree	6/6/2002 NO PLEA	4/27/2002 OBTS:8888888888 Sequence:002 Control Number:888888888888 Arresting Agency:Monroe County Sheriff's Office	6/6/2002 Pretrial Diversion	

Docket Events

Date	Description	Pages
5/21/2020	Other Misdemeanor Pleading Comments: ENTIRE FILE SCANNED	23
9/12/2002	- Comments: CLOSED	
9/12/2002	NOLLE PROS FILED COUNT * Comments: NOLLE PROS FILED COUNT * COUNT 002	
9/12/2002	NOLLE PROS FILED COUNT * Comments: NOLLE PROS FILED COUNT * COUNT 001	
7/15/2002	HEARING - TRIAL/MISDEMEANOR/CRIM TRAF - Becker, Ruth	
6/24/2002	HEARING - DOCKET SOUNDING - Becker, Ruth	
6/24/2002	- Comments: COURT MINUTES	
6/6/2002	Disposition	
6/6/2002	Disposition	
6/6/2002	PRE-TRIAL INTERVEN/DIV AGREE/ORDER Comments: PRE-TRIAL INTERVEN/DIV ORDER COUNT 002	
6/6/2002	PRE-TRIAL INTERVEN/DIV AGREE/ORDER Comments: PRE-TRIAL INTERVEN/DIV ORDER COUNT 001	
6/5/2002	- Comments: WITNESS LIST	
6/5/2002	- Comments: STATES RESPONSE TO DISCOVERY	

Date	Description	Pages
5/17/2002	-	
	Comments: JURY TRIAL SET <07/15/2002> 9:00 A.M.	
5/17/2002	-	
	Comments: DOCKET SOUNDING NOTICE 06/24/2002 9:30 A.M.	
5/14/2002	HEARING - ARRAIGNMENT - Becker, Ruth	
5/14/2002	-	
	Comments: FILED COUNT 002/893.147/POSS PARAPHERNALIA	
5/14/2002	-	
	Comments: FILED COUNT 001/893.13/POSS M/J L/T 20G	
5/14/2002	-	
	Comments: INFORMATION	
5/14/2002	-	
	Comments: COURT MINUTES *	
5/10/2002	-	
	Comments: NOT APPEAR/PLEA NOT GLTY/DISC & DEM FOR JURY TRIAL	
5/6/2002	-	
	Comments: NOTICE TO APPEAR	
5/6/2002	-	
	Comments: ARRAIGNMENT SET <05/14/2002> 9:00 A.M.	

Hearings

Date	Hearing	Time	Location	Pages
7/15/2002	TRIAL/MISDEMEANOR/CRIM TRAF - Becker, Ruth	9:00 AM	MR COURTROOM E	
6/24/2002	DOCKET SOUNDING - Becker, Ruth	9:30 AM	MR COURTROOM E	
5/14/2002	ARRAIGNMENT - Becker, Ruth	9:00 AM	MR COURTROOM E	

Financial

Date	Description	Payer	Amount
		Balance Due:	0

Bonds

Description	Status Date	Bond Status	Amount

Warrants

Number	Status Description	Issue Date	Service Date	Recall Date	Expiration Date	Warrant Type

Litigation History – Chadd K. Phinney

Supplement to Application Section 8, Item 4

1. *Branch Banking and Tr Co v. Jane K. Phinney et al.*, Miami-Dade County Circuit Court Case No. 2012-028392 CA 01: Mortgage foreclosure. Case settled and dismissed in 2013.

I, Chadd Phinney, **certify that as the designated representative for**

Reliance Wholesale,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Chadd Phinney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-30-2021

Date

Applicant's initials CP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chadd Phinney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-30-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Dade

I, Chadd Phinney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-30-2021

Date

Subscribed and Sworn to before me this 30th day of July.

Notary Public Signature

PAMELA POWELL
Commission # HH 100361
Expires April 3, 2025
Bonded Thru Budget Notary Services

(Seal)

Applicant's initials CP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Reliance Wholesale,Inc

Physical Address 13801 SW 119th Ave

City Miami State FL Zip 33186

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8662101591 Website www.reliancewholesale.com

Licensing Company Email compliance@reliancewholesale.com

Section 2: Personal Information

First Jose Middle ANTONIO Last Trespalacios

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] SW 60th CT

City PINECREST State FL Zip 331[redacted]

Telephone [redacted] Email TRES@reliancewholesale.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☑	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: 1986 to: 1991

Military Occupation/Specialty TOW GUNNER

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☑ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Miami Dade College			1989 - 1991	
Address		**City**	**State**	**Zip**
300 NE 2nd Ave		Miami	FL	
Diploma/Degree obtained, if any				
Associate of Science in Nursing				
School Name			**From - To (MM/YY – MM/YY)**	
Southwest High School			1984 – 1986	
Address		**City**	**State**	**Zip**
8855 SW 50th Terr		Miami	FL	33165
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020 -	[redacted] SW 60th Ct	Pinecrest	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - 2020	[redacted] SW 104 St	Pinecrest	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Resume Attached.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

See attached.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☐
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☑	☐
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☑	☐
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☑	☐
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,6,6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please see Attached.

#6 - My PARTNER Jose Navarro
Appeared before NY Board of Pharmacy as part
of a "full Disclosure hearing".
Details submitted with his Personal history Paperwork.

Original Signature (electronic, copies or stamps not accepted)

8/2/21
Date

Applicant's initials

GAS 245A (Rev 07/2004) Judgment of Acquittal

FILED
U.S. DISTRICT COURT
2006 APR -6 AM 10:21
CLERK
SO. DIST. OF GA.

UNITED STATES DISTRICT COURT

Southern District of Georgia

UNITED STATES OF AMERICA

V.

JOSE A. TRESPALACIOS

JUDGMENT OF ACQUITTAL

CASE NUMBER: CR405-059-03

The Defendant was found not guilty. IT IS ORDERED that the Defendant is acquitted, discharged, and any bond exonerated.

Signature of Judge

Honorable B. Avant Edenfield

Name and Title of Judge

April 6, 2006

Date

FILED
U.S. DISTRICT COURT
SAVANNAH DIV.

2006 APR 10 PM 12: 02

CLERK
SO. DIST. OF GA.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION

CRIMINAL NO. 405-59

UNITED STATES OF AMERICA, *

Plaintiff, *

v. * **ORDER**

JOSE TRESPALACIOS, et al., *

Defendants. *

ATTEST: A TRUE COPY
Certified to 4-10-06
Deputy Clerk

THIS MATTER having come before the Court upon the Defendant, Jose Trespalacios' Motion for Return of Bail and Release of Property filed April 3, 2006. The Court having reviewed said motion and the arguments presented herein and the Court being fully advised as to the facts and circumstances of this case, it is:

ORDERED AND ADJUDGED that the motion be and the same is hereby GRANTED. The Clerk of the United States District court for the Southern District of Georgia shall return the $20,000.00, plus any accrued interest, to the depositor Jose Trespalacios and provide satisfaction as to all properties posted.

SO ORDERED this 10 day of April, 2006.

United States District Judge
Southern District of Georgia

PS 40
(REV. 6/05)

UNITED STATES DISTRICT COURT
FOR THE
SOUTHERN DISTRICT OF GEORGIA

NOTICE REGARDING UNITED STATES PASSPORT FOR CRIMINAL DEFENDANT

TO: United States Department of State
Office of Passport Policy and Advisory Services
2100 Pennsylvania Avenue, NW, 3rd Floor
Washington, D.C. 20037

FROM: Sam Akers
U.S. Probation Officer
125 Bull Street, First Floor
Savannah, Georgia 31412

[ ] **Original Notice**

Date: _____

BY: _____

[X] **Notice of Disposition**

Date: March 29, 2006

BY: Honorable B. Avant Edenfield
U.S. District Judge
For the Southern District of Georgia

Defendant: TRESPALACIOS, Jose Antonio, Jr. Case Number: CR405-00059-003

Date of Birth: [redacted] Place of Birth: Cuba

SSN: [redacted]

NOTICE OF COURT ORDER (Order Date: _____)

[ ] The above-named defendant is not permitted to apply for the issuance of a passport during the pendency of this action

[ ] The above-named defendant surrendered Passport Number _____ to the custody of the U.S. District Court on _____ .

NOTICE OF DISPOSITION

The above case has been disposed of and the above order of the court is no longer in effect.

[X] Defendant not convicted - Document returned to defendant.

[ ] Defendant not convicted - Document enclosed for further investigation due to evidence that the document may have been issued in a false name.

[ ] Defendant convicted - Document and copy of Judgment enclosed.

Distribution
Original to Case File
Department of State
Defendant (or representative)
Clerk of Court

Litigation History – Reliance Wholesale

Supplement to Application Section 8, questions 4, 5 and 6.

Litigation:

Reliance Wholesale, Inc. v. Hometeam Security, Inc., Miami-Dade Circuit Court Case No. 2020-023932: Suit by Reliance to recover excess payments to vendor based on vendor's double billings. Case remains pending.

Reliance Wholesale, Inc. v. Axway, Inc., Miami-Dade Circuit Court Case No. 2013 – 026819 CA 01: Suit by Reliance for damages arising from breach of contract for computer services. Case settled and dismissed.

Reliance Wholesale, Inc. v. Bateman, Miami-Dade Circuit Court Case No. 2011- 007328: Suit by Reliance to recover overpayments received by renovation contractor. Case settled and dismissed.

Reliance Wholesale, Inc. v. Specialty Hospital of Washington, Miami-Dade County Court Case No. 2010- 002929 SP 26: Small claims suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Reliance Wholesale, Inc. v Rachel Torres, Miami-Dade Circuit Court Case No. 2010-003695 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Reliance Wholesale, Inc. v. Samantha Godfrey, Miami-Dade Circuit Court Case No. 2008-075790 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Appellate decision in favor of Reliance; the Court issued an injunction in favor of Reliance, enforcing the employment non-compete agreement.

Briana Prado v Reliance Medical Wholesale, Inc., Miami-Dade Circuit Court Case No. 2009-016971 CA 01: Employment claim against Reliance by employee. EEOC determined no probable cause for claim of discrimination based on pregnancy. Case settled and dismissed.

Reliance Wholesale, Inc. v. St., Francis Hospital, Miami-Dade County Circuit Court Case No. 2006-008999 CA 01: Collection suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Martha Bossey v. Reliance Wholesale, Inc., Josue Navarro, et. al, Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former employer seeking damages for alleged unfair competition. Case settled and dismissed.

Reliance v. Dorothy Loften, Shelby County Court Case ID No. 139395: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Litigation History – Jose A. Trespalacios, Jr.

Supplement to Application Section 8, Items 4 and 5

1. See Litigation History – Reliance Wholesale, Inc. submitted separately herewith re: Item 5.

2. *Marta Alfonso, et. al. v. Jose A. Trespalacios,* Miami-Dade County Circuit Court Case No. 2006-024353 CA 01: Civil action to foreclose mortgage and impose lis pendens on real property. Case settled and voluntarily dismissed.

3. *Martin J. Bradley, III et al. v. Trespalacios, et al*, Miami-Dade County Circuit County Case No. 2021-001338 CA 01: Civil action filed in 2021 against Trespalacios and others to recover for loans allegedly made between 2000 and 2003. Liability is denied and a motion to dismiss is pending.

Jose A Trespalacios Jr - Past Ownership Information.

I Jose Trespalacios have been involved in the healthcare industry for 30yrs. I started my healthcare career as a Paramedic and later earned by RN license. I have owned and operated several mail order and specialty pharmacies. I have served in the capacity of corporate officer, owner, and manager for all of these entities.

Edgewater Home Infusion Services Inc. (1992-1997)

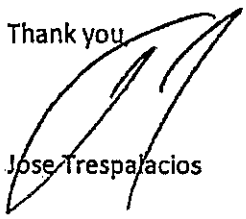
Precision Healthcare Inc. (2000-2004)

Seratech Inc. (1999-2004)

Speed Scripts Inc. (2000-2003)

The companies listed above were acquired by national pharmacy providers years ago. Only active role at this time is with Reliance Wholesale Inc. / 2005-Present.

Thank you



Jose Trespalacios

Jose Trespalacios

[redacted] SW 131 ST.
Pinecrest, FL 33156
[redacted]@yahoo.com
[redacted]

OBJECTIVE:

Accomplished **Healthcare/Pharmaceutical Sales/Management Executive** possessing 13+ years direct contacts in the pharmaceutical/infusion services industries, seeks a Sales/Management opportunity in the Pharmaceutical Arena.

QUALIFICATIONS:

Portfolio of qualifications encompasses new business development, a financial/management background coupled with entrepreneurial talents and marketing expertise related to the home infusion specialty pharmaceutical market. Launched, obtained contracts, staffed and managed multi-location home infusion specialty pharmaceutical company that provided specialty pharmaceuticals to patients, hospitals and healthcare companies in Florida, Tennessee, Ohio and Puerto Rico. Strengths include:

- Start-up of profitable multi-location infusion/pharmaceutical wholesale company; established contracts, performed in the capacity of General Manager and was instrumental in the successful purchase by public company
- Initiated contacts, negotiated multi-million dollar managed care contracts with hospitals and organizations in the healthcare industry including University of Miami and Jackson Memorial Hospital
- Strategic planner, sales team motivator, budgeting responsibilities, P&L accountability, problem resolution acumen, and establishing sales models and network marketing/implementation
- Background in pedigree documentation, regulatory compliance, purchasing wholesale pharmaceuticals, insurance provisions and worker's compensation
- Achieved sales goals/quotas in specialty pharmaceutical business lines to healthcare companies
- Licensed Bi-lingual RN fluent in Spanish/English with a strong background in patient care; excellent bi-lingual written and verbal communication skills
- Founded, staffed and managed specialty pharmaceutical company in Puerto Rico

ACCOMPLISHMENTS:

- Established home infusion specialty pharmaceutical companies in Florida, Tennessee, Ohio and Puerto Rico that grew to 44 employees with gross sales in 2001 of 24 Million Dollars. Instrumental in the sale of the Florida company to OptionCare. Clients included University of Miami, Jackson Memorial Hospital transplant team and area Florida hospitals.

- Served as General Manager of IHS Infusion Services responsible for Sales, Management and Marketing to healthcare companies in Florida. Accomplished targeted sales goals with 8 Million Dollars in annual revenues.

- President of 8 Million Dollar wholesale and specialty pharmaceutical business line that marketed to hospitals in Nashville, TN. Expanded to Ohio with 5 additional employees. Provide sales support, administration of business planning and operational strategy.

- Created and developed a specialty pharmacy in Puerto Rico staffed by 6 employees. Manage profitability, budgeting, strategic planning, internet marketing and sales.

Resume of Jose Trespalacios

PROFESSIONAL WORK HISTORY:

RELIANCE MEDICAL WHOLESALE-MIAMI, FLORIDA **(2006-present)**
VICE PRESIDENT
Contributions:

- Gross annual sales of $17 million
- Business Development for specialty pharmaceutical distribution
- Established sales teams and sales management for the company
- Expanded operations as a National Distributor
- Oversee regulatory aspects – Obtained VAWD certification.
- Directed marketing activities

PRECISION HEALTHCARE- NASHVILLE, TN **(2001-2005)**
PRESIDENT
Contributions:

- Gross annual sales of $9Million
- Division providing wholesale specialty pharmaceuticals to hospitals
- Established client base in Nashville, TN and expanded to a second location in Ohio
- Responsible for administration, sales support, contract negotiations, training of 2 managers/partners

SERATECH INC. - MIAMI, FLORIDA **(1999-2004)**
CEO
Contributions:

- President of home infusion specialty pharmaceutical company based in Florida with locations grossing 10 million of sales in 2004
- Instrumental in the sale of Company to OptionCare in 2004
- Initiated contact, and negotiated managed care contracts with large healthcare providers in Florida including University of Miami and Jackson Memorial Hospital
- Strategic planner, motivated sales teams and managed financial and administrative operations

IHS INFUSION SERVICES-MIAMI, FLORIDA
CLINICAL DIRECTOR **(1992-1996)**
GENERAL MANAGER **(1996-1999)**
Contributions:

- Responsible for sales, management and marketing of Infusion Pharmacy with annual revenues of $8Million Dollars
- Established relationships with key decision makers at healthcare organizations, negotiated contracts and managed distribution and regulatory specifications.
- Accomplished sales goals/quotas for pharmaceutical sales/infusion services

EDUCATION:

Miami Dade College-Paramedic Certificate- 1989
Miami Dade College- ASN- 1991
Registered Nurse since 1991
Certified Registered Infusion Nurse- CRNI 1994-2001
U.S. Marine Corps Reserve- ~~1980~~ 1986 (Honorable Discharge)
1991

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose Trespalacios

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Jose A. Trespalacios Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/2/2021

Date

Subscribed and Sworn to before me this 2nd day of August 2021.

Notary Public Signature

PAMELA POWELL
Commission # HH 100361
Expires April 3, 2025
Bonded Thru Budget Notary Services

(Seal)

Applicant's initials

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Reliance Wholesale, Inc

Physical Address 13801 SW 119th Ave

City Miami State FL Zip 33186

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866 210 1591 Website www.reliancewholesale.com

Licensing Company Email compliance@reliancewholesale.com

Section 2: Personal Information

First Josue Middle M. Last Navarro

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hiawatha Ave [redacted]

City Miami State FL Zip 33133

Telephone [redacted] Email JNAVARRO@reliancewholesale.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Miiitary Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Applicant's initials JN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Homestead Senior High School			
Address	**City**	**State**	**Zip**
2351 SE 12th Avenue	Homestead	FL	33035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Emerson High School			
Address	**City**	**State**	**Zip**
318 18th St	Union City	NJ	07087
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Miami Senior High School			
Address	**City**	**State**	**Zip**
2450 SW 1st St	Miami	FL	33135
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Miami Dade College			
Address	**City**	**State**	**Zip**
11011 SW 104th St	Miami	FL	33176
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01-20 - current	[redacted] Hiawatha Ave # 202	Miami	FL	33133
2015 – 01/20	[redacted] Lugo Ave	Coral Gables	FL	33156
2014 - 2015	[redacted] SW 94th Terr	Miami	FL	33176
2012 - 2013	[redacted] Lugo Ave	Coral Gables	FL	33156
2011	[redacted] Nevada St.	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials J.N

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Deerwood 13979, LLC	

Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186

Phone	Title
786-229-6057	

Description of Duties: Property Holding Company

Business Name	From - To (MM/YY – MM/YY)
14280 Tamiair, LLC	

Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186

Phone	Title
786-229-6057	

Description of Duties: Property Holding Company

Business Name	From - To (MM/YY – MM/YY)
6958, LLC	

Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186

Phone	Title
786-229-6057	

Description of Duties: Property Holding Company

Business Name	From - To (MM/YY – MM/YY)
Silver Lining Holdings, LLC	

Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186

Phone	Title
786-229-6057	

Description of Duties: Asset Protection Holding Company

Business Name	From - To (MM/YY – MM/YY)
N499RC, LLC	

Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186

Phone	Title
786-229-6057	

Description of Duties: Property Holding Company

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
16920, LLC				
Business Address		**City**	**State**	**Zip**
13801 SW 119th Ave		Miami	FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
2465 Investments, LLC				
Business Address		**City**	**State**	**Zip**
13801 SW 119th Ave		Miami	FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
JN Ocean Holdings, LLC				
Business Address		**City**	**State**	**Zip**
13801 SW 119th Ave		Miami	FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Medlink Enterprises LLC				
Business Address		**City**	**State**	**Zip**
13801 SW 119th Ave		Miami	FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Residences at Vizcaya condominium				
Business Address		**City**	**State**	**Zip**
13801 SW 119th Ave		Miami	FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Board Member				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JN

Business Name			From - To (MM/YY – MM/YY)	
Navmed, Inc.				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
consulting				

Business Name			From - To (MM/YY – MM/YY)	
Medlink Medical Inc				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
real Estate investment.				

Business Name			From - To (MM/YY – MM/YY)	
Reliance Wholesale, Inc				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Distribution				

Business Name			From - To (MM/YY – MM/YY)	
Silver Lining Investments, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Real Estate Investment Managing				

Business Name			From - To (MM/YY – MM/YY)	
Luxe Kitchen and Bath Boutique, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Supply company				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
2248 SE 19th Terrace, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding company				

Business Name			From - To (MM/YY – MM/YY)	
747 SW 5th Street, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding company				

Business Name			From - To (MM/YY – MM/YY)	
13973 SW 119th Avenue, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
11350 SW 131ST Street, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Reliance Group Investments, LLC				
Business Address	**City**		**State**	**Zip**
13801 SW 119th Ave	Miami		FL	33186
Phone	**Title**			
786-229-6057				
Description of Duties				
Holding Company				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☑	☐
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☑	☐
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☑	☐
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☑	☐
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,3,6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

9/15/2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Josue Navarro
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/29/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Josue Navarro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/2/2021
Date

Subscribed and Sworn to before me this 2 day of August.

Notary Public Signature

STEPHANIE OLGA GONZALEZ
Notary Public - State of Florida
Commission # HH 130902
My Comm. Expires Sep 12, 2025
Bonded through National Notary Assn.

(Seal)

Applicant's initials

DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website

Next List

Navarro Josue
Search

Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937 H P
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328 H P
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328
NAVARRO, JOSUE	6958, LLC	L15000196172 HP
NAVARRO, JOSUE	SILVER LINING HOLDINGS, LLC	L17000171345 Holding All Corp
NAVARRO, JOSUE	N499RC, LLC	L17000194560 # P
NAVARRO, JOSUE	16920, LLC	L18000091711 HP
NAVARRO, JOSUE	2465 INVESTMENTS, LLC	L18000102446 HP
NAVARRO, JOSUE	JN OCEAN HOLDINGS, LLC	L18000145177 HP
NAVARRO, JOSUE	MEDLINK ENTERPRISES LLC	M06000006474 HP
NAVARRO, JOSUE	RESIDENCES AT VIZCAYA CONDOMINIUM ASSOCIATION, INC.	N07000005056 Book Pres Assoc
NAVARRO, JOSUE	NAVMED, INC.	P02000095714
NAVARRO, JOSUE	MEDLINK MEDICAL INC.	P06000156280
NAVARRO, JOSUE	MEN OF IMPACT INTERNATIONAL, INC.	P08000052020
NAVARRO, JOSUE	NAVARRO'S PROPERTY INC	P18000017916
NAVARRO, JOSUE M	RELIANCE WHOLESALE, INC.	F08000000001 Pres
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383 # P
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383
NAVARRO, JOSUE M	LUXE KITCHEN AND BATH BOUTIQUE, LLC	L14000076343 Biz Start up

Next List

Navarro Josue
Search

Florida Department of State, Division of Corporations

DIVISION OF CORPORATIONS



Previous List Next List

Navarro Josue
Search

Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE M	2248 SE 19TH TERRACE, LLC	L15000167651
NAVARRO, JOSUE M	747 SW 5TH STREET, LLC	L15000167658
NAVARRO, JOSUE M	13973 SW 119TH AVENUE, LLC	L15000167668
NAVARRO, JOSUE M	11350 SW 131ST STREET, LLC	L15000168508
NAVARRO, JOSUE M	RELIANCE GROUP INVESTMENTS, LLC	L16000053151
NAVARRO, MVP, JOSUE	NAVMED, INC.	P02000095714
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOYSEL	JIN NAIL BAR LLC	L17000255069
NAVARRO, JR. A	OPUS PROPERTIES, INC.	P17226
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR,NESTOR	NAVARRO & SON'S CONSTRUCTION, L.L.C.	L01000015610
NAVARRO, JUAN	KROME, INC.	350350
NAVARRO, JUAN	GUEVAL INVESTMENTS CORP.	362518
NAVARRO, JUAN	FOCSA ENTERPRISES, INC.	406875
NAVARRO, JUAN	J. NAVARRO DISTRIBUTORS, INC.	486781
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	NATIONAL SUPERMARKET, INC.	508587

Previous List Next List

Navarro Josue
Search

Josue Navarro

jnavarro@reliancewholesale.com [redacted]

ABOUT Josue Navarro:

Entrepreneur with proven track record in management, technology, and compliance. Experienced in managing all aspects of business development. Founded company which developed new and innovating ways to quickly provide pharmaceuticals to hospitals and clinics all over the U.S. and Puerto Rico.

QUALIFICATIONS:

Listed qualifications include skills and accomplishments in new business development, technology implementation, and a financial/management background in addition to entrepreneurial talents as shown through the creation, development, and growth of multiple successful companies. Strengths include:

- Founded company which specializes in the provision of specialty pharmaceuticals for hospitals and clinics all over the United States and Puerto-Rico
- As a comptroller, maintained trust accounts and client billing with a highly regarded Law Firm in Miami-Dade County, FL
- Implemented all policies and procedures in each position held
- Achieved sales goals/quotas in specialty pharmaceutical business
- Founded, staffed, and managed specialty pharmaceutical company in Florida
- Background in regulatory compliance, purchasing wholesale pharmaceuticals, technology, and accounting
- Brokered deals with shipping companies in order to improve logistical procedures in each executive position held

ACCOMPLISHMENTS:

- Established a wholesale pharmaceutical company in Florida that grew from 3 employees to 44 employees with 10% annual sales growth. Clients include over 1,000 hospitals and clinics from 48 U.S. states, including Alaska, as well as Puerto Rico.

PROFESSIONAL WORK HISTORY:

RELIANCE WHOLESALE – MIAMI, FL
PRESIDENT AND CEO **(2005 – present)**
Contributions:

- Gross annual sales growth of 20% annually
- Business Development for specialty pharmaceutical distribution
- Established sales teams and sales management for the company
- Established Accounting Department for the company
- Expanded operations as a National Distributor
- Oversee regulatory aspects – Obtained VAWD certification (2007)
- Directed marketing activities
- Brokered deals with multiple shipping providers in order to approve logistical procedures

MED POINT – MIAMI, FL
GENERAL MANAGER **(2002 – 2005)**
Contributions:

- Implemented all policies and procedures for licensing compliance
- Set up multiple accounts with national wholesalers in order to provide inventory
- Set up temperature maintenance logs in order to improve inventory management
- Improved logistical procedures by implementing new software and technology

BAILEY AND DAWES, P.A. – MIAMI, FL
COMPTROLLER/OFFICE MANAGER **(2000 - 2002)**
Contributions:

- Responsible for maintenance of trust accounts and client billing
- Established and maintained policies and procedures
- Hired, trained, and on-boarded new employees by providing initial support

EDUCATION:

Miami Dade College 1999

Jose Trespalacios

From: Josh Navarro
Sent: Wednesday, March 11, 2020 12:00 PM
To: Jack M (JMcL@mmlawmiami.com); Jose Trespalacios
Subject: FW: Nevada State Board of Pharmacy



From: Mark I. Sedar [mailto:msedar@pharmacy.nv.gov]
Sent: Wednesday, March 11, 2020 11:58 AM
To: Josh Navarro
Subject: Nevada State Board of Pharmacy

"Full Disclosure hearing Completed"

Josue Navarro
Reliance Wholesale, Inc.
100 Crescent Dr
Collierville TN 38017

Dear Josue Navarro:

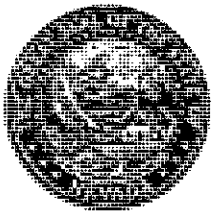
The Nevada State Board of Pharmacy is requiring Reliance Wholesale, Inc. to appear at the next Board meeting in Las Vegas by teleconference or online virtual meeting. Your position with Reliance Wholesale, Inc. will be considered by the Board pursuant to NRS 639.500. Your failure to appear at the meeting may adversely impact the status of the Reliance Wholesale, Inc. Wholesaler License for Nevada. The meeting has been scheduled for:

Thursday, March 19, 2020
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd

This notice is provided pursuant to NRS 241.033. Please confirm by responding affirmatively to this email that you are in receipt of the notice and that you knowingly and voluntarily waive the requirements for service of this notice set forth in NRS 241.033(2).

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Best of my knowledge detailed statement from: **Josue M. Navarro11/13/19**

My name is Josue Navarro and I am presently 45 years old. Many years ago when I was between the ages of 18 and 22, I pled guilty to charges of burglary, auto theft and dealing in stolen property. (Please note these charges had nothing to do with drugs, the practice of pharmacy, or the pharmaceutical industry.) Since this happened over 20 years ago; all of the convictions have long ago been closed and nothing is currently pending.

I have been gainfully employed since 1997 and have held various jobs involving significant positions of trust. Specifically, prior to working in the pharmaceutical field, I served as an accountant and financial comptroller at various law firms. In this regard, I have been responsible for major accounting functions including payroll management, expense account verification, billing, financial receivables, and I oversaw a substantial trust account assuring that all financial activity occurring therein was performed with full and complete compliance of all legal and banking regulations.

Since leaving the law firm environment my former wife and I co-founded Reliance (2003). We divorced in 2013 but I remain an active participant in the lives of my two young children. Today I'm the CEO and beneficiary of the Trust which owns 60% of Reliance stock. The business currently employs over 40 full-time employees and is licensed in almost all states with annual revenue exceeding $35 million. Reliance business of wholesaling pharmaceuticals is heavily regulated. Our operating policies and procedures in our two facilities remain in full compliance with National Association of Boards of Pharmacy criteria as well as the Drug Supply Chain Security Act.

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1995 - 1995

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
F95034630D	11/07/1995	STOLEN PROP/DEAL IN	CONV AND SENT	06/21/1996
F95034633	11/07/1995	STOLEN PROP/DEAL IN	TRANSF TO OTHER CA	11/28/1995
F95003117	01/27/1995	GRD THFT/3D/VEHICLE	CONV AND SENT	12/04/1996
		RESIST OFF W/O VIOL	CONV-SUSP ENTRY SE	12/04/1996
		PROBATION VIOLATION	PROBATION REVOKED	12/04/1996

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY). PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK
RODEL GUIJARRO

CIRCUIT AND COUNTY COURTS CLERK DADE COUNTY, FLORIDA

Deputy Clerk of the Circuit Court of the Eleventh Judicial Circuit of Florida, In and For Dade County

PAGE: 001

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1993 - 1993

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
M93024630	05/05/1993	BOAT/DISPLAY DECAL	NOLLE PROS	02/22/1994
		BOAT/REG/FAIL COMPLY	CONV - COMM SERVIC	04/25/1994
F93013690	04/26/1993	GRD THFT/3D/VEHICLE	CONV-C.C./SPEC CON	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
F93000497A	01/06/1993	BURGLARY/UNOCC D/ATT	WH ADJ-C.C./SPC CO	01/19/1994
		BURGLARY TOOLS/POSN	WH ADJ-C.C./SPC CO	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
		CRIM MIS/0-200	NO ACTION	03/15/1993
F93000497	01/06/1993	BURG/OCC STRUC/ATT	TRANSF TO OTHER CA	01/27/1993
		BURGLARY TOOLS/POSN	TRANSF TO OTHER CA	01/27/1993
		CRIM MIS/0-200	TRANSF TO OTHER CA	01/27/1993

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY,

PAGE: 001



FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

RUBEL QUIJANO 8942

CIRCUIT & COUNTY COURTS CLERK MIAMI-DADE COUNTY, FLORIDA

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, in and for Dade County

PAGE: 002

☒ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA

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DIVISION	JUDGMENT	CASE NUMBER
☒ CRIMINAL ☐ OTHER	☐ Probation Violator ☐ Retrial ☐ Community Control Violator ☐ Resentence	95-34630-D

THE STATE OF FLORIDA VS. JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

FILED CLOCK-IN
JUN 20 A 1996

The Defendant, JOSUE MICHAEL NAVARRO, being personally before this Court represented by J. WEINKLE, his attorney of record, and the State represented by T. MCGHEE, Assistant State's Attorney, and having:

☐ been tried and found guilty ☐ entered a plea of guilty ☒ entered a plea of nolo contendere

to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NO.	DEGREE OF CRIME	OBTS NO.
1	DEALING IN STOLEN PROPERTY	812.019(1) & 777.011	2F	

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office. 05/27/12 AD
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk

RECORDED
JUL 15 1996
Clerk of Circuit & County Courts

and no cause being shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

AJ 06-26-96

CLK/CT 401 Rev 6/94

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Defendant Josue Navarro Case Number 95-34630

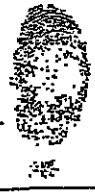
CHARGES/COSTS

The Defendant is hereby ordered to pay the following sum if checked:

- [X] Fifty dollars ($50.00) pursuant to F.S. 960.20 (Crimes Compensation Trust Fund).
- [X] Three dollars ($3.00) as a court cost pursuant to F.S. 943.25(3) (Criminal Justice Trust Fund)
- [X] Two dollars ($2.00) as a court cost pursuant to F.S. 943.25(13) Criminal Justice Education by Municipalities and Counties.
- [ ] A fine in the sum of $ _____ pursuant to F.S. 775.0835. (This provision refers to the optional fine for the Crimes Compensation Trust Fund, and is not applicable unless checked and completed. Fines imposed as a part of a sentence to F.S. 775.083 are to be recorded on the Sentence page(s).)
- [ ] Twenty dollars ($20.00) pursuant to F. S. 939.015 (Handicapped and Elderly Security Assistance Trust Fund).
- [ ] A 10 percent surcharge in the sum of $ _____ pursuant to 775.0836 (Handicapped and Elderly Security Assistance Trust Fund).
- [X] A sum of $ 200.00 pursuant to 27.3455 (Local Government Criminal Justice Trust Fund).
- [ ] Restitution in accordance with attached order.
- [ ] Other _____

Barbara D. Levenson
Judge
BARBARA S. LEVENSON

FINGERPRINTS OF DEFENDANT

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
				
1. L. Thumb	**2. L. Index**	**3. L. Middle**	**4. L. Ring**	**5. L. Little**
				

Fingerprints taken by: Reed 3638 OT
Name Title

I HEREBY CERTIFY that the above and foregoing are the fingerprints of the Defendant, _____ and that they were placed thereon by said Defendant in my presence in Open Court this date.

DONE AND ORDERED in Open Court in Dade County, Florida this 21st day of JUNE, 19 96.

A TRUE COPY
CERTIFICATION ON LAST PAGE

Barbara D. Levenson
JUDGE
BARBARA S. LEVENSON

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IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA. 258

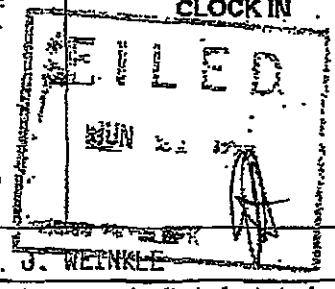
CRIMINAL DIVISION	SENTENCE (AS TO COUNT : 1)		CASE NUMBER 95-34630-D OBTS NUMBER _____

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

CLOCK IN



The defendant, being personally before this Court, accompanied by his attorney, J. WEINKLE, and having been adjudicated guilty herein, and the Court having given the defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why he should not be sentenced as provided by law, and no cause being shown and the Court having:

☐ on _____ deferred imposition of sentence until this date.

(Check one) ☐ previously entered a judgment in this case on the defendant now resentences the defendant.

☐ placed the defendant on Probation/Community Control and having subsequently revoked the *defendant's Probation/Community Control.*

IT IS THE SENTENCE OF THE COURT that the defendant:

☐ pay a fine of $_____, pursuant to F.S. 775.083, plus $_____ as the 5% surcharge required by F.S. 960.25.

☒ is hereby committed to the custody of the Department of Corrections.

☐ is hereby committed to the custody of the Sheriff of Dade County, Florida.

☐ is sentenced as a youthful offender in accordance with F.S. 958.04.

TO BE IMPRISONED (check one; unmarked sections are inapplicable)

☐ for a term of Natural Life.

☒ for a term of FOURTEEN (14) MONTHS

☐ said SENTENCE IS SUSPENDED for a period of _____ subject to conditions set forth in this Order.

☐ IT IS FURTHER ORDERED that the entry of sentence be suspended as to count(s) _____ of this case.

A TRUE COPY
CERTIFICATION OR LACK THEREOF

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Defendant JOSUE MICHAEL NAVARRO

OTHER PROVISIONS

Case Number 95-34630-D

RETENTION OF JURISDICTION _____ The Court retains jurisdiction over the defendant pursuant to Florida Statutes 947.16(3).

JAIL CREDIT X It is further ordered that the Defendant shall be allowed a total of 205 days as credit for time incarcerated prior to imposition of this sentence. *Credit Time Served in Dade County Jail from 11/8/95 Per Court Order

PRISON CREDIT _____ It is further ordered that the Defendant be allowed credit for all time previously served on this count in the Department of Corrections prior to resentencing.

CONSECUTIVE/ CONCURRENT AS TO OTHER COUNTS _____ It is further ordered that the sentence imposed for count(s) _____ shall run (check one) ☐ consecutive to ☐ concurrent with the sentence set forth in count(s) _____ of this case.

CONSECUTIVE/ CONCURRENT AS TO OTHER CONVICTIONS X It is further ordered that the composite term of all sentences imposed for the counts specified in this order shall run ☐consecutive to ☒concurrent with the following:

_____ Any active sentence being served.

X Specific sentences: 95-3117

In the event the above sentence is to the Department of Corrections, the Sheriff of Dade County, Florida, is hereby ordered and directed to deliver the defendant to the Department of Corrections at the facility designated by the Department together with a copy of this Judgment and Sentence and any other documents specified by Florida Statutes.

The defendant in Open Court was advised of his right to appeal from this sentence by filing notice of appeal within thirty days from this date with the Clerk of this Court, and the defendant's right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigence.

In imposing the above sentence, the Court further recommends placement near Dade County.

DONE AND ORDERED in Open Court at Dade County, Florida, this 21st day of JUNE, 19 96.

Barbara Levenson

JUDGE
BARBARA S. LEVENSON

A TRUE COPY
CERTIFICATION ON LAST PAGE

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7/01/96

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA. 119

CRIMINAL DIVISION	UNIFORM COMMITMENT TO CUSTODY OF DEPARTMENT OF CORRECTIONS SPRING TERM, 19 96	CASE NUMBER 95-34630-D

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

CLOCK IN

FILED
JUN 21 1996
J. BICKETT
CLERK

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA, TO THE SHERIFF OF SAID COUNTY AND THE DEPARTMENT OF CORRECTIONS OF SAID STATE, GREETING:

The above named defendant having been duly charged with the offense specified herein in the above styled court, and the defendant having been duly convicted and adjudged guilty of and sentenced for said offense by said Court, as appears from the attached certified copies of Indictment/Information, Judgment and Sentence which are hereby made parts hereof:

Now therefore, this is to command you, the said sheriff, to take and keep and , within a reasonable time after receiving this commitment, safely deliver the defendant, together with any pertinent Investigation Report prepared in this case, into the custody of the Department of Corrections of the State of Florida to Reception Center designated by the Department of Corrections; and this is to command you, the Department of Corrections and other officials, to keep and safely imprison the defendant for the term of said sentence in the institution in the state correctional system to which you may cause the defendant to be conveyed or thereafter transferred. And these presents shall be your authority for the same. Herein fail not.

WITNESS the Honorable BARBARA S. LEVENSON
Judge of said Court, and also, Clerk and Seal thereof, this 21st
day of JUNE 19 96

HARVEY RUVIN, Clerk

By: _____ Deputy Clerk

CLKCT 4DS 8/94

Litigation History – Reliance Wholesale

Supplement to Application Section 8, questions 4, 5 and 6.

Litigation:

Reliance Wholesale, Inc. v. Hometeam Security, Inc., Miami-Dade Circuit Court Case No. 2020-023932: Suit by Reliance to recover excess payments to vendor based on vendor's double billings. Case remains pending.

Reliance Wholesale, Inc. v. Axway, Inc., Miami-Dade Circuit Court Case No. 2013 – 026819 CA 01: Suit by Reliance for damages arising from breach of contract for computer services. Case settled and dismissed.

Reliance Wholesale, Inc. v. Bateman, Miami-Dade Circuit Court Case No. 2011- 007328: Suit by Reliance to recover overpayments received by renovation contractor. Case settled and dismissed.

Reliance Wholesale, Inc. v. Specialty Hospital af Washington, Miami-Dade County Court Case No. 2010- 002929 SP 26: Small claims suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Reliance Wholesale, Inc. v Rachel Torres, Miami-Dade Circuit Court Case No. 2010-003695 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Reliance Wholesale, Inc. v. Samantha Godfrey, Miami-Dade Circuit Court Case No. 2008-075790 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Appellate decision in favor of Reliance; the Court issued an injunction in favor of Reliance, enforcing the employment non-compete agreement.

Briana Prado v Reliance Medical Wholesale, Inc., Miami-Dade Circuit Court Case No. 2009-016971 CA 01: Employment claim against Reliance by employee. EEOC determined no probable cause for claim of discrimination based on pregnancy. Case settled and dismissed.

Reliance Wholesale, Inc. v. St., Francis Hospital, Miami-Dade County Circuit Court Case No. 2006-008999 CA 01: Collection suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Martha Bossey v. Reliance Wholesale, Inc., Josue Navarro, et. al, Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former employer seeking damages for alleged unfair competition. Case settled and dismissed.

Reliance v. Dorothy Loften, Shelby County Court Case ID No. 139395: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Litigation History – Josue M. Navarro

Supplement to Application Section 8, Items 4, 5 and 6

Litigation:

1. See Litigation History – Reliance Wholesale, Inc. submitted herewith re: Item 5.

2. *Martha Bossey v. Reliance Medical Wholesale, Inc., Josue Navarro, et. al,* Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former partner seeking damages for alleged unfair competition. Case settled and dismissed.

3. *Flamingo South Beach I Condominium Assaciation Inc v. Eddrian Burciaga et al.*, Miami-Dade Circuit Court Case No. 2016-004714 CA 01: Foreclosure action; J. Navarro was named a defendant because he, too, held a lien on the property.

4. *Union American Ins. Co. v. Miguel Lourdes Navarro et al.*, Miami-Dade Circuit Court Case No. 1994-000940 SP 25: Small claims court – motor vehicle property damage insurance claim. Case settled and dismissed.

Supplement to Application Section 8, Items 1 and 2

Criminal Convictions:

1. None during past 25 years.

2. See disclosure documents submitted separately herewith re: 1993-1996 convictions.

3. Miami-Dade County Circuit Court Case No. 160433742210: Nolo Contendere plea and adjudication of guilt to 2010 reckless driving charge.

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Department of Business & Professional Regulation

2601 Blair Stone Road
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ENTRY NOTICE AND ON-SITE INSPECTION REPORT

DBA Name:		Form Date:	Jan 14, 2021 11:26
Full Legal Name:	RELIANCE WHOLESALE INC.	Permit Number:	20219 Rank: 22A
Inspection Reason:	Chg Locate - X	Telephone Number:	866-210-1591
Address:	13801 SW 119TH AVE. MIAMI FL 33186	Inspection Visit ID:	7473943
		File Number:	3204
		Permit Type:	3322

INSPECTION RESULT Completed

Inspection Authority 499.051 F.S., 61N-1.019, F.A.C. (03/10/2017)

Person Receiving Report/Title Chad Phinney, CDR

Facility Hours 61N-1.015(2)(c), F.A.C.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	9:00AM	9:00AM	9:00AM	9:00AM	9:00AM		
Close	6:00PM	6:00PM	6:00PM	6:00PM	5:00PM		

FACILITY/STORAGE [(Rx drug establishments) FS 499.01(2) and 499.0121(1)(b),(d),(e)]

1. Is the establishment a residence? [F.S. 499.012(1)(b)]	No	
2. Lighting adequate? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.44] [(Cosmetic manufacturers) 61N-1.010(2)(e), F.A.C.]	Yes	
3. Pest Free? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.56] [(Cosmetic manufacturers) 61N-1.010(2)(b), F.A.C.]	Yes	
4. Clean and orderly? [(OTC drug manufacturers) 61N-1.014(4), F.A.C.] [(Cosmetic manufacturers) 61N-1.010(2)(a), F.A.C.]	Yes	

RECORD KEEPING [F.S. 499.0121(6)] [61N-1.012 F.A.C.]

5. All records computer based?	Yes	SEE NOTES
6. Location of hard copy?		NO HARDCOPIES ARE KEPT
7. All records manual?	No	
8. On-site storage?	Yes	
9. Shares facility?	Yes	SEE NOTES
10. If yes to #9, separate records?	Yes	

PRESCRIPTION DRUG ESTABLISHMENT

11. Is the name identical to another person authorized to purchase legend drugs? [F.S. 499.012(1)(c)] [61N-1.015(2)(b), F.A.C.]	No	Firm has a warehouse in TN see notes
12. Is the person a broker only as defined under [61N-1.001(2)(d), F.A.C.]?	No	

SECURITY [(Rx drug establishments) FS 499.0121(2)(a), (b) and 499.0121(10)(b) or 61N-1.013(1), F.A.C.]

13. Access restricted? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.28(c)] [(Cosmetic manufacturers) 61N-1.010(4)(f), F.A.C.]	Yes	
14. Drug facility alarmed?	Yes	

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15. Telephone monitoring?	Yes	
16. Controlled substance cage (CIII-CV)? [21 CFR 1301.72]	No	
17. Controlled Substance CII vault? [21 CFR 1301.72]	No	

STORAGE [(Rx drug establishments) FS 499.0121(3)(5) or 61N-1.013(3)(4), F.A.C.] [(OTC drug manufacturers) 61N-1.014, F.A.C., and/or FS 499.01(2)(n)3 and 21 CFR 211.46] [(Cosmetic manufacturers) 61N-1.010(2), F.A.C.]

18. Quarantine area?	Yes	
19. Air conditioner?	Yes	
20. Method of monitoring?		See notes
21. Refrigeration present?	Yes	
22. Handles drugs or cosmetics requiring refrigeration?		Yes
23. Method of monitoring refrigeration?		See notes
24. Freezer present?	Yes	
25. Handles drugs or cosmetics requiring freezing?	No	
26. Method of monitoring freezing temperatures?		

WRITTEN POLICIES AND PROCEDURES [(Rx drug establishments and OTC manufacturers) FS 499.0121(6)(8)(10), 499.01(2) and/or 21 CFR Part 211] [(Cosmetic manufactures) 61N-1.010, F.A.C.]

27. Exist?	Yes
28. Rx drug annual examination? [F.S. 499.0121(5)(a)2]	Yes
29. Drug FIFO inventory?	Yes
30. Recalls/emergencies?	Yes
31. Natural disasters for Rx drug establishments?	Yes
32. Receipt and distribution business records?	Yes
33. Transaction Information, History and Statement (T3) for Rx drug products?	Yes

INBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Purchases and/or Receipts) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

34. What are firm's all-inclusive inbound business records that it receives from its Rx drug source(s) per firm for this establishment?	Vendor invoice and vendor T3. If firm receives drug from TN warehouse firm has a transfer document

OUTBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Sales or Otherwise) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

35. What are firm's all-inclusive typical outbound business records (e.g., sales invoice, packing list, etc.) that it provides to the purchaser and recipient for each Rx drug distribution from this establishment according to firm?		Invoice, T3, packing slip
36a. Did firm provide its all-inclusive outbound business records for one (1) of its typical Rx drug distribution?	Yes	See visit id# 7485770
36b. If yes to 36a, what is the tracking number (e.g., sales invoice or order number, etc.) and distribution date for this provided distribution document?		Invoice# 151543 delivery# 15462Firm's all inclusive documents are the invoice and the packing slip
37. Of the document(s) provided in 36a, which document contains the minimum required recordkeeping business elements according to firm?		Invoice and packing slip

38. For the document type referenced in 37 regarding this establishment's outbound Rx drug distributions:

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38a. Did firm mark "A" next to the field that lists the seller's name and address?	Yes	See visit id# 7485770
38b. Did firm mark "B" next to the field that lists the seller's Florida permit number?	Yes	See visit id# 7485770
38c. Did firm mark "C" next to the field that lists the shipper's name and address when different from the seller?	Yes	See visit id# 7485770
38d. Did firm mark "D" next to the field that lists the distribution date?	Yes	See visit id# 7485770
38e. Did firm mark "E" next to the field that lists the name, strength, dosage form, quantity, and (when assigned) the National Drug Code (NDC) of the Rx drug?	Yes	See visit id# 7485770
38f. Did firm mark "F" next to the field that lists the financial data?	Yes	See visit id# 7485770
38g. Did firm mark "G" next to the field that lists the purchaser's name, address, and Florida permit number?	Yes	See visit id# 7485770
38h. Did firm mark "H" next to the field that lists the physical recipient's name, address and permit or license number, when the recipient is different from the purchaser?	Yes	See visit id# 7485770

N/E = Not Evaluated

Inspection Notes

Reliance Wholesale, Inc.
13801 SW 119TH AVE.
MIAMI FL 33186
File: 3204
App number: 3441
FEIN: 203460248

****As per Jose Trespalacios, some of the information (such as processes and systems) in this report may be considered trade of secret****
On 12/14/2020, drug Inspectors Federica Hulett and Tiffany Dipaola arrived at approximately 9:50am at Reliance Wholesale, Inc. permitted location which is located at 13967 SW 119th Av. Miami, FL 33186. Inspectors presented credentials and Bill of Rights to Chad Phinney, CDR.
Drug Inspector Lidia Steel arrived at the facility to join the inspectors at approximately 10:00am.
Inspection is for a routine inspection at firms permitted location 13967 SW 119th Av. Miami, FL 33186 (22:20219) as well as a new inspection pursuant to a change of address. The change of address application was submitted to the department on or around January 29th, 2020 for 13801 SW 119th Ave. Miami FL 33186 . Firm signed a 90 days waiver on 02/19/2020.
For the purposes of this inspection report Reliance Wholesale, Inc. will be referred to by name or as RELIANCE MIA or/and RELANCE FL or/and firm. Unless specifically indicated by name Chad Phinney (PHINNEY), CDR provided information, answered questions and provided documents during this inspection and will be referred to by name or collectively as firm. Other employees inspector met with will be referred to by name.

Refer to inspection visit ID 7485770 for routine inspection notes and further information regarding Firm's business activities.

A tour of this new establishment was provided today 01/15/2021

There is no other business at this location. However, per Jose Trespalacios, VP and owner, all the companies that currently appeared registered on the Florida Division of Corporation with the old 13967 SW 119th Av. Miami, FL 33186 address will be move to this facility once permitted.
Reliance Holding
Medlink Enterprise

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Department of Business & Professional Regulation

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Silver lining enterprise
Derwood 13979
Reliance Group Investments, LLC.

Reliance Group Investments, LLC. owns the facility and leases the facility to RELIANCE MIA.

Facility is 22,714 sq. ft which includes Office space 11,773 sq. ft and Warehouse 10,941 sq. ft

Facility floor plan requested and provided.

The security system is monitored by Arresco Services, Inc. to monitor the alarm system 24/7/365.
Burglar alarm points include all exterior door contacts, select interior door contacts, glass break sensors and motion sensors.
Firm has a combination badge and key access control system on all exterior and select interior doors to protect from unauthorized access.
CCTV system retains recordings for 30+ days and covers the exterior, front office and warehouse areas.

Firm has a total of 40 full time employees. Per Phinney firm is planning to hire 12 more employees in the first half of 2020.
- 4 warehouse techs
- 4 account executives
- 1 Business development
- 2 Administrative position
- 1 Human Resources role

Per Phinney, the current list of Key Personnel is the following:
- Josh Navarro, President & CEO
- Jose Trespalacios, Vice President
- Michelle Risco, Director of Sales & Strategic Sourcing
- Jacob Beck, Director of Supply Chain & Compliance officer (CDR)
- Chad Phinney, Manager Warehouse (CDR)
- Jessica Woolridge, Manager Warehouse (CDR)

Per Trespalacios and Phinney, firm is planning to apply for a 3PL permit at this location in the future in order to expand business and to provide service to small manufactures and to manufacturers for rare diseases. Per Mr. Trespalacios, he has seen the need in the market and Reliance would like to fill up that gap. Per Jake, Records will be segregated and specific drug areas for 3PL and for wholesaler drugs will be assigned by Reliance system. Firm currently holds a 3PL permit in Tennessee, but they have not had any costumer yet.

Facility
Firm understands that a Prescription drug wholesaler shall comply with storage and handling of prescription drugs requirements set forth in s. 499.0121 F.S. and other rules that the Department requires.

Facility was toured on 01/15/2021 with Trespalacios and Phinney. Office area and warehouse are only connected by one internal door which has key access and it is alarmed. The warehouse has two bay doors (firm is planning to use one bay door for shipping and another bay door for receiving). Warehouse has two main entrance doors. These entrances are main entrances from the street and independent from the office area.
Warehouse is divided into three area:
Receiving and office space
Shipping and wholesaler storage area
There is another area in the back which is designated for future 3PL activities and for a walk in freezer and refrigerator. This area is divided from the others two areas by two internal bay doors and one internal door.

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Firm understands that facility must be maintained clean and orderly. Firm to review 499.0121(1)(d) F.S.

The new facility does not have a cage or vault. Firm does not stock, sell and/or distribute controlled substances. Per Trespalacios, firm will apply to a DEA controlled substance license, only if in the future a new 3PL costumer has a scheduled drug.
Temperature is monitored by Sensapush system. Sensapush allows PHINNEY to monitor temperature and humidity readings through an app on his phone. If the temperature goes out of spec, he receives a message.
System is installed; however, it will be activated once Rx drugs are moved to this new facility.
PHINNEY will monitor temperature everyday at around 3:00pm and will share data with Jessica Wooldridge, CDR Warehouse Manager and Jake Beck, Director Supply Chain Compliance Officer, CDR. Wooldridge and Beck will send their daily RELIANCE TN readings to PHINNEY, and PHINNEY will send his readings to Wooldridge and Beck. Daily, monthly and weekly readings will be stored in Phinney's computer.

Phinney was advised to review 61N-1.013(3)(a)(b)F.A.C. for prescription Drugs storage requirements.

Refrigerator present.
Monitoring and recording of temperatures observe.

Firm has clearly Designated Quarantine area.

No business activity was observed.

Firm understands that a quarantine area shall be clearly marked and designated separate and apart from any other place where drugs are stored so that products therein shall not be confused with usable products. Firm must quarantine outdated, damaged, deteriorated, misbranded or adulterated prescription drugs until they are either destroyed or returned to their supplier. Firm to review 499.0121(1)(c),(5)(a)1. F.S. and 61N-1.013(4) F.A.C.

Firm keeps a link on their computer system to Chapter 499 and 61N-1 F.A.C. as required by Rule 61N-1.012(5) F.A.C.

This report was reviewed by Phinney, Trespalacios, and Beck and signed by Chad Phinney. A copy of the report was provided by email to Phinney and Trespalacios.

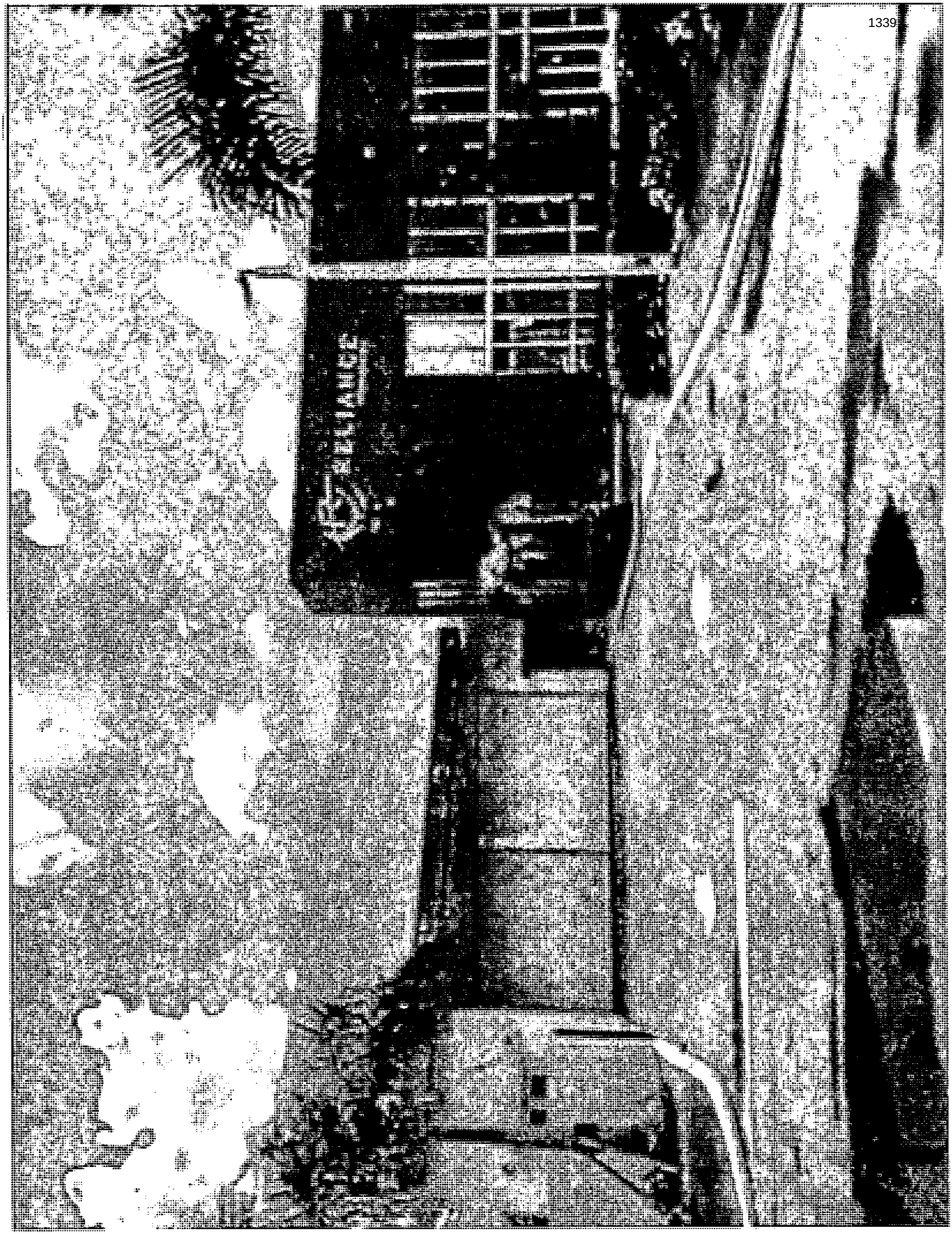
Licensee or Owner Signature

CHAD PHINNEY
CDR
13801 SW 119TH AV
MIAMI, FL 33186
Jan 15, 2021 18:02

Inspector Signature

Federica Hulett
Drug Inspector
8240 NW 52nd Terrace Suite 303 Room 158
Doral, FL 33166
FEDERICA.HULETT@MYFLORIDALICENSE.COM
3056291830
Jan 15, 2021 18:02

January 15, 2021 at 6:02:10 PM EST
Location:
License #: 22A20219
Inspector: Federica Hulett



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PAMELA POWELL
13801 SW 119TH AVENUE
MIAMI, TN 33186

April 8, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0411795

Issuance Date: 04/08/2021
Copies Requested: 1

Document Receipt

Receipt # : 006275808 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3803766205 — $20.00

Regarding: **RELIANCE WHOLESALE, INC.**

Filing Type:	For-profit Corporation - Domestic	Control # :	501651
Formation/Qualification Date:	09/02/2005	Date Formed:	09/09/2005
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 045565829

Ron DeSantis, Governor

Julie I. Brown, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

RELIANCE WHOLESALE INC.

13801 SW 119TH AVENUE
MIAMI FL 33186

LICENSE NUMBER: 2220219

EXPIRATION DATE: OCTOBER 31, 2021

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

1341

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Julie Brown, Secretary

Ron DeSantis, Governor

July 21, 2021

NAME: RELIANCE WHOLESALE INC.

ADDRESS: 13801 SW 119TH AVENUE, MIAMI FL 33186

PROFESSION: PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

LICENSE NUMBER: 22:20219

STATUS: CURRENT

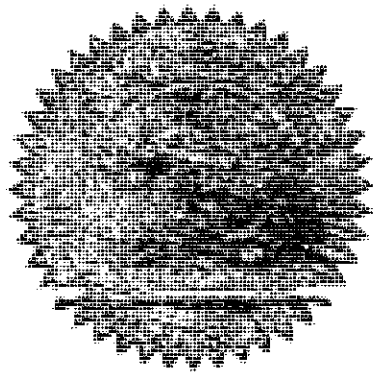
ISSUE DATE: OCTOBER 25, 2013

EXPIRATION DATE: OCTOBER 31, 2021

To Whom It May Concern:

The license is in a CURRENT status EXPIRES on OCTOBER 31, 2021
Verification by:

Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective October 8, 2021 the following location is added:

Florida Location: 13801 SW 119th Avenue, Miami, FL 33186

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this October 8, 2021

SureTec Insurance Company, Surety

By: _____

Davor I Mimica, Attorney in Fact

POA#: 5111001 1344

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 8 day of October 2021 A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

office of supplier DIVERSITY

The Department of Management Services' Office of Supplier Diversity "serves those who serve Florida."

The Office of Supplier Diversity provides resources designed to improve business and economic opportunities for Florida's woman-, veteran- and minority-owned businesses. Learn more about becoming a certified business enterprise at *dms.myflorida.com/osd* or call 850-487-0915.

myFlorida Market Place

To find out about State of Florida tools supporting statewide centralized procurement activities which have streamlined interactions between vendors and state government entities, please contact or visit the Department of Management Services' MyFloridaMarketPlace at: *https://vendor.myfloridamarketplace.com*

AC# 03030398

SIGNATURE

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The Department of Business and Professional Regulation (DBPR), issues licenses for many licensed businesses and practitioners in the State of Florida.

DBPR is changing the way you interact with state government. Many of DBPR's services are available online at www.MyFloridaLicense.com. We encourage you to utilize these services to make address changes, licensing changes or to renew your license.

Name changes require legal documentation verifying the name change, which must be mailed to the DBPR. An original, a certified copy or a duplicate copy of an original or certified copy of a document that shows the legal name change will be accepted, unless the DBPR has a question about the authenticity of the document.

If applicable, the DBPR will send a renewal notice to your last known address or email address of record. If you have not received your renewal notice, please call our Customer Contact Center at 850.487.1395 or online at www.MyFloridaLicense.com/contactus.

Please refer to your profession's governing statutes and Administrative codes for further information regarding renewals. These may be accessed from our website.

AC# 03030398

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PAMELA POWELL
13801 SW 119TH AVENUE
MIAMI, FL 33186

October 8, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0439766

Issuance Date: 10/08/2021
Copies Requested: 1

Document Receipt

Receipt # : 006666766 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3815600870 — $20.00

Regarding: **RELIANCE WHOLESALE, INC.**

Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 09/02/2005
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY

Control # : 501651
Date Formed: 09/09/2005
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 049127026

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5093243
issued by SureTec Insurance Company
in favor of (Obligee) State of Nebraska Dept. of Health & Human Services Division
on behalf of (Principal) Reliance Wholesale Inc.

In consideration of the premium charged, it is understood and agreed that :

effective March 23rd, 2021:

Florida location has been revised to:
13801 SW 119th Avenue
Miami, FL 33186

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this March 23rd, 2021

SureTec Insurance Company, Surety

By: _____
Davor I. Mimica *Attorney in Fact*

POA #: 5093243

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale Inc.
Obligee: State of Nebraska Dept. of Health & Human Services Division
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 23rd day of March 2021 A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 6:00 pm CST.

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Summit SD, LLC.

Physical Address: 255 NW Victoria Dr. Ste. A

City: Lee's Summit State: MO Zip: 64086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888.858.6703 Website: www.summitsd.com

Name of Designated Representative (DR): Ryan O'Neil

Licensing Company Email: regulatory@summitsd.com DR Email: regulatory@summitsd.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Summit Holdings XI, LLC.

Corporation Name: Summit SD, LLC.

Mailing Address: 255 NW Victoria Dr. Ste. A

City: Lee's Summit State: MO Zip: 64086

Telephone: 888.858.6703 Email: regulatory@summitsd.com

Contact Person Name: Amanda Walker

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Walker

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9.22.21

Date

Board Use Only	Date Received: _____	Amount: $00 CHECK # 4063

SUMMIT SD

SUMMIT SD, LLC OWNER & OFFICERS

Summit SD, LLC

255 NW Victoria Drive, Suite A, Lee's Summit, MO 64086
FEIN: 87-1596893
Owner: Summit Holdings XI, LLC., 100%

Thomas O'Neill
President and Treasurer
Chief Executive Officer
[redacted] Peninsula Estates Lane, Kimberling City, MO 65686
DOB: [redacted]
SS#: [redacted]
DL#: [redacted] exp 12/1/2027

Amanda Walker
Vice President
Chief Operating Officer
[redacted] West 114th Terrace, Olathe, KS 66061
DOB: [redacted]
SS#: [redacted]
DL# [redacted] exp 8/4/2022

Kathryn Pederson
Secretary
Compliance Director and Regulatory Counsel
[redacted] Bradshaw
Overland Park, KS 66221
DOB: [redacted]
SS#: [redacted]5
DL#: [redacted] exp 12/28/2026

SUMMIT SD

SUMMIT SD, LLC OWNERSHIP STRUCTURE

Summit SD, LLC

255 NW Victoria Drive, Suite A, Lee's Summit, MO 64086
FEIN: 87-1596893
Owner: Summit Holdings XI, LLC., 100%

Summit Holdings XI, LLC
255 NW Victoria Drive, Suite A, Lee's Summit, MO 64086
FEIN: 87-1657754
Ownership structure:

- Pharma&, Inc., 50%
- BTC Midwest, Inc., 45% (owned 100% by Thomas O'Neill)
- Amanda Walker:, 5%

Pharma& US Inc
1500 Broadway, Suite 1902, New York, NY 10036
FEIN: 87-1678356
Owner: zr pharma& GmbH, 100% (Vienna, Austria)

BTC Midwest, Inc.
505 Peninsula Estates Lane, Kimberling City, MO 65686
FEIN: 87-1580725
Owner: Thomas O'Neill, 100%

- [redacted] Peninsula Estates Lane, Kimberling City, MO 65686
- DOB: [redacted]
- SS#: [redacted]
- DL#: [redacted] exp 12/1/2027

Amanda Walker
[redacted] West 114th Terrace, Olathe, KS 66061
DOB: [redacted]
SS#: [redacted]
DL# [redacted] exp 8/4/2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT SD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT SD, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6066953 8300

SR# 20213158177

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204076519

Date: 09-02-21

State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2021037890
SUMMIT SD, LLC
SUMMIT SD, LLC
RYAN THOMAS O'NEILL, MIC
255 NW VICTORIA DR STE A
LEES SUMMIT MO 64086
USA

SUMMIT SD, LLC
SUMMIT SD, LLC
RYAN THOMAS O'NEILL, MIC
255 NW VICTORIA DR STE A
LEES SUMMIT MO 64086
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2021037890
Ryan Thomas O'Neill
SUMMIT SD, LLC
SUMMIT SD, LLC
RYAN THOMAS O'NEILL, MIC
255 NW VICTORIA DR STE A
LEES SUMMIT MO 64086
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

STATE OF MISSOURI
BOARD OF PHARMACY

OBSERVATION REPORT

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102
(573) 526-6985
(573) 526-3464 FAX
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY OR DRUG DISTRIBUTOR	LICENSE NUMBER	CLASS	INSPECTION DATE
Summit SD, LLC 255 NW Victoria Dr Ste A Lee's Summit MO 64086	2021037890	DD	9/16/2021

PHARMACIST OR MANAGER-IN-CHARGE	PIC/MIC LICENSE NO
Ryan O'Neill	

PHONE	Fax	Email
8888586703	8665464516	roneill@summitsd.com

INSPECTION TYPE: **Initial**

Inspector: Elaina Wolzak

Acknowledged By: Ryan O'Neill

Observations:

Passed initial inspection.

Comments:

SUMMIT SD

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, NV 89521

December 6, 2021

Please see the enclosed fingerprint card for Thomas Lee O'Neill, as well as the check for this background check.

Additionally, please see below for a list of employees. Don't hesitate to reach out with any questions or concerns. Thank you!

Amanda Walker
Chief Operating Officer
awalker@summitsd.com

Employees of Summit SD, LLC

- Ryan O'Neill, Manager-in-charge
- Megan Johnson, Director of Pharmacy & Distribution
- Sarah O'Neill, Administrative Manager
- Katie Pederson, Compliance Officer & Regulatory Counsel
- Amanda Walker, Chief Operating Officer
- Thomas O'Neill, Chief Executive Officer

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Summit SD, LLC

Physical Address 255 NW Victoria Dr. Ste. A

City Lees Summit State MO Zip 64086

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-958-6703 Website www.summitsd.com

Licensing Company Email regulatory@summitsd.com

Section 2: Personal Information

First Ryan Middle Thomas Last O'Neill

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] NE Shenandoah Dr.

City Blue Springs State MO Zip 64014

Telephone [redacted] Email regulatory@Summitsd.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		02/20 - 05/20	
Address	**City**	**State**	**Zip**
616 Thurston Ave	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Digital Marketing certificate			

School Name		From - To (MM/YY – MM/YY)	
Manhattan Christian College		08/11 - 05/15	
Address	**City**	**State**	**Zip**
1415 Anderson Ave	Manhattan	KS	66502
Diploma/Degree obtained, if any			
BS Management and Ethics			

School Name		From - To (MM/YY – MM/YY)	
Shawnee Mission North		08/07 - 05/11	
Address	**City**	**State**	**Zip**
7401 Johnson Drive	Overland Park	KS	66202
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21	[redacted] NE Shenandoah Drive	Blue Springs	MO	64014
02/19 - 08/21	[redacted] Maggie Ct	Belton	MO	64012
09/18 - 02/19	[redacted] Bahama Way	Murrieta	CA	92563
07/17 - 09/18	[redacted] Sunsprite St	Lake Elsinore	CA	92532
05/15 - 07/17	[redacted] Edinger Ave #496	Huntington Beach	CA	92647
02/10 - 05/15	[redacted] S Barth Rd	Olathe	KS	66061
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Summit SD, LLC			09/21
Business Address	**City**	**State**	**Zip**
255 NW Victoria Dr. Ste A	Lee's Summit	MO	64086
Phone	**Title**	**Number of Employed Hours**	
888-858-6703	Manager-in-Charge	1,008	
Description of Duties			
• Acting as MIC to oversee all operations for specialty pharmaceutical distribution products			

Business Name			From - To (MM/YY – MM/YY)
Heritage Biologics, LLC			02/19 - 09/21
Business Address	**City**	**State**	**Zip**
255 NW Victoria Dr. Ste B	Lee's Summit	MO	64086
Phone	**Title**	**Number of Employed Hours**	
855-937-7273	Pharmacy Technician / Ordering Manager	5120	
Description of Duties			
• oversaw ordering of all product • oversaw product storage in facility			
• worked w/ manufacturers & wholesalers to maintain relationships & get best pricing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials QD

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RO

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		na
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		na
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials RO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials RO

I, Ryan O'Neill, **certify that as the designated representative for**

Summit SD, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs. see attached
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ryan O'Neill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/30/21
Date

Applicant's initials RO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan O'Neill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/30/21
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Jackson

I, Ryan O'Neill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/30/21
Date

Subscribed and Sworn to before me this 30 day of September.

Notary Public Signature

CIANAH JO FAUST
Notary Public - Notary Seal
Jackson County - State of Missouri
Commission Number 16474073
My Commission Expires Jan 27, 2024
(Seal)

Applicant's initials RO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Summit SD, LLC

Physical Address 255 NW Victoria Pkwy, Ste A

City Lees Summit State MO Zip 64086

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888.858.4703 Website summitsd.com

Licensing Company Email regulatory@summitsd.com

Section 2: Personal Information

First Thomas Middle Lee Last O'Neill

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Peninsula Estates Lane

City Kimberling City State MO Zip 65686

Telephone [redacted] Email toneill@summitsd.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ – Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Missouri Southern State University		09/90 - 12/97	
Address	**City**	**State**	**Zip**
3950 Newman Rd	Joplin	MO	64801
Diploma/Degree obtained, if any			
BSBA Major in Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Carthage Senior High School		08/87 - 06/90	
Address	**City**	**State**	**Zip**
2600 S River ~~Rd~~ St.	Carthage	MO	64836
Diploma/Degree obtained, if any			
Graduated			
School Name		**From - To (MM/YY – MM/YY)**	
Riverside Junior High		09/84 - 06/87	
Address	**City**	**State**	**Zip**
179 Forbes St.	Riverside	RI	02915
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Oldham Elementary		09/83 - 06/84	
Address	**City**	**State**	**Zip**
60 Bart Dr.	Riverside	RI	02915
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Watters Elementary		09/77 - 06/83	
Address	**City**	**State**	**Zip**
33 Hoppin Avenue	Riverside	RI	02915
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/20 - ~~09~~ Current	[redacted] Peninsula Estates Lane	Kimberling City	MO	65686
04/14 - 01/20	[redacted] W. 83rd St.	Leawood, K	KS	66206
02/09 - 04/14	[redacted] S. Barth Rd	Olathe	KS	66061
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TO

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Heritage Biologics, LLC			10/14 - Current
Business Address	**City**	**State**	**Zip**
255 NW Victoria Drive Ste B	Lees Summit	MO	64086
Phone	**Title**		
816-875-5105	CEO		
Description of Duties			
Executive Leadership			

Business Name			From - To (MM/YY – MM/YY)
midwest IV LLC			12/12 - 12/21
Business Address	**City**	**State**	**Zip**
255 NW Victoria Drive	Lee's Summit	MO	64086
Phone	**Title**		
816-803-2053	CEO		
Description of Duties			
Executive Leadership			

Business Name			From - To (MM/YY – MM/YY)
Affinity Biotech, Inc			01/09 - 02/17
Business Address	**City**	**State**	**Zip**
11303 Chimney Rock Rd	Houston	TX	77035
Phone	**Title**		
Out of Business	Director		
Description of Duties			
Shareholder			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TO

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials TO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		MO	Kansas City	Jackson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Christopher Kennedy			Lawsuit	
Name of Business/Industry/Entity				
Heritage Biologics				

Provide explanation below:

We terminated an employee for cause and he decided to sue us ~~using~~ using baseless counts. Settled out of court due to costs of litigating outweighed a settlement

Original Signature (electronic, copies or stamps not accepted)

11/17/21
Date

Applicant's initials TO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas O'Neill
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/21
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Jackson

I, Thomas O'Neill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/18/21
Date

Subscribed and Sworn to before me this 18 day of November 2021

Notary Public Signature

BRIANNA LEIGH MCCARTER
Notary Public - Notary Seal
Jackson County - State of Missouri
Commission Number 15495955
My Commission Expires Jan 28, 2024
(Seal)

Applicant's initials TO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3494453

Application/License No. _____

SUMMIT SD, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 255 NW VICTORIA DR, STE A, LEES SUMMIT, Missouri, 64086 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard, Suite 1300 Houston Texas 77042 United States (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Nov 02, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 03rd day of November, 20 21.

APPLICANT/PRINCIPAL

SUMMIT SD, LLC
COMPANY

Authorized Representative

SURETY

SureTec Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POA# 3810001

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

John D. Welsbrot, Melissa L. McDade, Steven M. Varga

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided; however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Three Million and 00/100 Dollars ($3,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 20th day of January, 2021.

SureTec Insurance Company

By: _____
Michael C. Kelmig, President

Markel Insurance Company

By: _____
Robin Russo, Senior Vice President

Commonwealth of Virginia
County of Henrico SS:

On this 27th day of August, 2019 A. D., before me, a Notary Public of the Commonwealth of Virginia, in and for the County of Henrico, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Henrico, the day and year first above written.

DONNA DONAVANT NOTARY PUBLIC MY COMMISSION NUMBER 7083968 COMMONWEALTH OF VIRGINIA

By: _____
Donna Donavant, Notary Public
My commission expires 1/31/2023

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the 03rd day of November, 2021.

SureTec Insurance Company

By: _____
M. Brent Beaty, Assistant Secretary

Markel Insurance Company

By: _____
Richard R. Grinnan, Vice President and Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=eAZE2QgU9IQ3RWVXFcW09QQg

MARKEL®

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX. 77042

FINANCIAL STATEMENT
as of December 31, 2020
Statutory Basis

Bonds	$ 127,614,292	Reserve for Losses and Loss Expense	$ 11,958,515
Stocks	115,183,843	Reserve for Unearned Premiums	48,379,184
Cash & Short Term Investments	76,482,531	Other Liabilities	142,397,056
Agents Balances or Uncollected Premiums	3,739,860	TOTAL LIABILITIES	202,734,755
Other Admitted Assets	1,219,771		
		Capital Stock	5,000,000
		Surplus	116,505,542
		TOTAL POLICYHOLDERS SURPLUS	121,505,542
		TOTAL LIABILITIES AND POLICYHOLDERS	
TOTAL ASSETS	$ 324,240,297	SURPLUS	$ 324,240,297

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

David Allen Wisnoski, Secretary, and Michael Charles Keimig, President, of the SureTec Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2020, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2020, according to the best of their information, knowledge and belief.

President

Secretary

STATE OF TEXAS
COUNTY OF HARRIS

On this 26th day of March, 2021, before me came the above named officers of SureTec Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.

Notary Public

XENIA CHAVEZ
Notary Public, State of Texas
Notary ID# 12911765-9
My Commission Expires
SEPTEMBER 10, 2024

SUMMIT SD

Re: Ownership Disciplinary Action Explanation

Greetings,

This letter is in reference to a subsidiary of Summit Holdings XI, LLC that was the subject of a disciplinary action against its state pharmacy license. Summit Holdings XI, LLC is the owner of Heritage Biologics, LLC, a specialty pharmacy that is licensed in fifty states. In 2020, Heritage Biologics was the subject of a disciplinary action and reciprocal investigation and settlement related to the failure to submit an application to the Board for a change of pharmacist-in-charge within the required time period. This resulted in disciplinary action by two states that were resolved by settlement.

Specifically, in October of 2020, the Maine Board of Pharmacy found that Heritage Biologics failed to submit an amended application reporting a change of pharmacist-in-charge within the seven day time period required by Maine pharmacy regulation. Heritage Biologics misunderstood the requirement and submitted written notification of the change within seven days, but did not submit the formal amended application until notified of the issue seventeen days after the change. As such, **the pharmacy was found to be in violation of Maine's regulation and agreed to the imposition of a warning and $500** civil penalty.

The reciprocal action was settled in July of 2021 with the State of Hawaii. The pharmacy was required to pay a $500 administrative fine. The Hawaii action was based on the Maine issue alone and alleged no additional wrongdoing. Specifically, the settlement states that **"[t]he allegations ... relate only to the Maine Board of Pharmacy disciplinary action. Petitioner asserts no additional act or wrongdoing, and confirms that there is no allegation of patient or consumer harm in the State of Hawaii."**

The error that resulted in the Maine warning, highlighted a weakness in **the company's** compliance monitoring that has now been resolved. In order to ensure compliance with the fifty sets of state board of pharmacy laws and regulations that the pharmacy operates under, they conduct ongoing monitoring and tracking of pharmacy laws and regulations. In response to the Maine disciplinary action, they reviewed all tracking systems to ensure that any potential gaps were closed. The pharmacy had **tracked the state's statute but not the more specific state regulation that contained the application requirement. Given this,** they went back to ensure that any states where they had noted only a statute on a particular issue were reviewed to ensure that there were no more specific state regulations. Likewise, the Compliance Director regularly reviews pending regulations and researches each Board of Pharmacy to ensure that they are aware of any law or regulation that has been passed. They have also involved the services of a law firm, Polsinelli, to assist with regulatory and compliance questions as they arise.

Should you have any questions, I can be reached at 816.875.5269.

Best regards,

K Pederson

Katie Pederson,
Compliance Director and Regulatory Counsel
255 NW Victoria Drive, Suite A
Lee's Summit, MO 64086
Phone: 816.875.5269 | kpederson@summitsd.com

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

October 13, 2020

Sent via email: licensing@heritagebiologics.com and kpederson@heritagebiologics.com

Heritage Biologics Inc.
Attn: Thomas O'Neill, Owner & CEO
255 NW Victoria Dr
Lee's Summit, MO 64086-4709

Re: Complaint No. 2020-PHA-16476

Dear Mr. O'Neill:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

If the consent agreement requires you to pay a fine that you have not already paid in full, or to submit any type of written information please send payment or the required documents as directed in the consent agreement. Please include the complaint number above.

If you have any questions, please feel free to contact our office at (207) 624-8651.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine Betts, Board Administrator & Complainant
Thomas Avery, Board Investigator

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
HERITAGE BIOLOGICS, INC.	)	
	)	CONSENT AGREEMENT
Case No. 2020-PHA-16476	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order prescription pharmacy license of Heritage Biologics, Inc. ("Heritage") in the State of Maine. The parties to this Consent Agreement are: Heritage, the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Heritage was licensed by the Board as a mail order prescription pharmacy, license no. MO40002094, located at 255 NW Victoria Drive, Lees Summit, Missouri.

2. On August 30, 2019, Megan Johnson replaced Joseph Saupee as the pharmacist in charge ("PIC") of Heritage, thereby requiring Heritage to submit a Change of PIC application to the Board within 7 days after the PIC change.

3. Heritage, however, did not file a change of PIC application with the Board until September 17, 2019.

4. On June 6 2020, Board Administrator, Geraldine Betts, filed an administrative complaint with the Board alleging that Heritage had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as case no. 2020-PHA-16476.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order prescription pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's delegation of authority dated January 3, 2019, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Case No. 2020-PHA-16476.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333 by **July 10, 2020**, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Heritage admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Heritage agrees to accept the imposition of:

a. A WARNING; and

b. A CIVIL PENALTY in the amount of five hundred dollars ($500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House

Station, Augusta, ME 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Heritage shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and Heritage agree that no further agency action will be initiated against Heritage's license by the Board based upon the specific violations admitted to herein, except or unless Heritage fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Heritage and this Consent Agreement will be introduced as evidence in any future adjudicatory hearing involving Heritage. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Heritage.

17. Heritage acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it

executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

HERITAGE BIOLOGICS, INC.

DATED: 10/5/20

BY: _____
Authorized Representative

Thomas O'Neill
Printed Name

DATED: 10/2/2020

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 10/13/2020

_____
ANDREW L. BLACK
Assistant Attorney General

MARC T. NAKAMURA 8167
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorney for Department of Commerce and Consumer Affairs

RECEIVED
PROF & VOCATIONAL LICENSING DIVISION
2021 MAY -7 P 1:16
DEPT OF COMMERCE : CONSUMER AFFAIRS STATE OF HAWAII

DEPT. OF COMMERCE AND CONSUMER AFFAIRS

eFiled 7/15/2021 3:38 pm

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of HERITAGE BIOLOGICS, INC., Respondent.	)	PHA 2021-11-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent HERITAGE BIOLOGICS, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed by the BOARD OF PHARMACY (hereinafter the "Board") under miscellaneous permit number PMP 1296. The miscellaneous permit was issued on or about July 5, 2016. The miscellaneous permit will expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is 255 NW Victoria Drive, Lee's Summit, Missouri 64086.

3. RICO alleges that Respondent timely reported to the Board of being disciplined by the Maine Board of Pharmacy on or about October 1, 2020 when it entered into a *Consent*

I HEREBYCERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

Agreement in case PHA-2020-16476 where it paid a civil penalty in the amount of $500.00 to resolve allegations of failing to timely submit an amended application reporting a change of pharmacist-in-charge. Specifically, Respondent had submitted notice of a change in pharmacist-in-charge within the time period specified by statute but failed to timely submit a new application as is required by the Maine Board of Pharmacy regulation.

4. The allegations contained herein relate only to the Maine Board of Pharmacy disciplinary action. Petitioner asserts no additional act or wrongdoing, and confirms that there is no allegation of patient or consumer harm in the State of Hawaii.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state against the licensee).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a pharmacy by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the miscellaneous permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2021-11-L.

8. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

9. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Marc T. Nakamura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the miscellaneous permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new miscellaneous permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new miscellaneous permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of a pharmacy issued a miscellaneous permit in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of

its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Lee's Summit (City), Missouri (State), 5/4/21 (Date).

HERITAGE BIOLOGICS, INC.
Respondent

By: _____ (Signature)

Amanda Walker (Print Name)

Its COO

DATED: Honolulu, Hawaii, MAY - 5 2021.

_____

MARC T. NAKAMURA
Attorney for Department of Commerce

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF HERITAGE BIOLOGICS, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; RICO CASE NO. PHA 2021-11-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chairperson	5/20/21 DATE
JULIE YURIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
CATALINA CROSS	MARY JO KEEFE
Sheri Tokumaru SHERI TOKUMARU	Kenneth VandenBussche KENNETH VANDENBUSSCHE

PVL 7/2020

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☒ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: 21st Century Environmental Management of Nevada, LLC

Physical Address: 2095 Newlands Drive E, Fernley, NV 89408

Mailing Address: 2095 Newlands Drive E, Fernley, NV 89408

City: Fernley State: NV Zip Code: 89408

Telephone: 775-575-2760 Fax: 775-575-2803

Toll Free Number: n/a

E-mail: jrobles-copas@harsco.com
Mweinheimer@harsco.com Website: www.cleanearthinc.com

Facility Manager: Designated Representative - Mary Weinheimer
Facility Manager - Jesus Robles-Copas

Professional qualifications and experience of facility manager: 23 years experience in environmental management and materials disposition, BS Environmental Scient

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Universities and other supply chain entities

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☒ Veterinary Legend Drugs

25

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? *Note: 21EMN LLC is owned by ESOL TOPCO, LLC which is an indirect subsidiary of Harsco, Inc., (stock symbol HSC) whose many shareholders may also hold an interest ownership in entities licensed in Nevada. Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	CVS/LONGS	VARIOUS LOCATIONS
	Name	Address
	RETAIL PHARMACY	
	Business	
2)	AMAZON.COM	1555 N CHRISMAN ROAD, TRACY, CA 95376
	Name	Address
	RETAIL	
	Business	
3)	CARDINAL HEALTH	6640 ECHO AVENUE - SUITE D, RENO, NV 89506
	Name	Address
	MEDICAL	
	Business	
4)	SAN BERNARDINO COUTY FIRE	2824 E. WEST STREET, SAN BERNARDINO, CA
	Name	Address
	PUBLIC SAFETY	
	Business	

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

David Stanton

Original Signature of Person Authorized to Submit Application, no copies or stamps

David Stanton
Print Name of Authorized Person

Nov 10, 2020
Date

Board Use Only	Received:	Amount: 500 check # 40071842

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: PSC Environmental Services LLC

Corporation Name: 21st Century Environmental Management of Nevada, LLC

Mailing Address: 2095 Newlands Drive E

City: Fernley State: NV Zip: 89408

Telephone: 775-575-2760 Fax: 775-575-2803

Contact Person: Mary Weinheimer, Designated Representative
Jesus Robles-Copas, Facility Manager

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A-Wholly-owned subsidiary of PSC Environmental Services, LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

2) Provide the number of shares issued by the corporation. None

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

5) Provide a copy of the corporation's stock register evidencing the above information n/a

ATTACHMENT 1

List of Officers and Directors

21st Century Environmental Management of NV LLC	26-2275838	Managers: • Sarah Kowalczyk • Jeff Diaz • David Stanton Officers: • David Stanton -President • Jeff Diaz – Vice President/Treasurer • Sarah Kowalczyk - Secretary	Sarah Kowalczyk – 1/1/2021 Jeff Diaz – 7/31/2020 David Stanton – 4/6/2020

Northe

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **21ST CENTURY ENVIRONMENTAL MANAGEMENT OF NEVADA, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/15/1993, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/13/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202112132227984
You may verify this certificate online at http://www.nvsos.gov

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/3/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NV Board of Pharmacy
Nature of License

21st Century Environmental Management of Nevada, LLC 2095 Newlands Drive E, Fernley, NV 89408
Name and Address of Establishment for Which License Is Requested

None
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Stanton	David	Bruce
Last Name	First Name	Middle Name

None
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Glen Road	Mountain Lakes	NJ 07046
Present Residence Address-Street or RFD	City	State/Zip

334 South Warminster Road	Dates	Hatboro	PA 19040
Present Business Address		City	State/Zip

President	Dates	Started at CE in April 2020
Occupation		

Phone: Residence [redacted]

[redacted]	Palo Alto, Santa Clara, CA	Business 215-734-1400
Date of Birth	Place of Birth (City, County, State)	

55	[redacted]	Male
Age	Social Security Number	Sex

Blue	Brown	light	245	medium	6'5"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 8/19/1989 (Date) Bethlehem, Lehigh County, PA (City, County and State)

Spouse's full name (Maiden) Jocelyn Stanton S.S. No [redacted]

Date of Birth [redacted] Place of Birth Bethlehem, Lehigh County, PA

Resident address [redacted] Glen Road (Street) Mountain Lakes (City) NJ (State) 07046 (Zip)

Telephone: Residence [redacted] Business NA

Spouse's employer NA Occupation Homemaker

Address of employer NA (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
None				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
None					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Nicole Stanton	[redacted]	Torrance CA	Los Angeles, CA
Christopher Stanton	[redacted]	Torrance, CA	Brooklyn, NY
Shelby Stanton	[redacted]	Long Beach, CA	Mountain Lakes, NJ

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JK

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NA

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Max Stanton	[redacted]	Deceased 2008	
Mother	Margaret Stanton	[redacted]	Atlanta, GA	Retired
Father-in-Law	William Gano	[redacted]	Bethlehem, PA	Retired
Mother-in-Law	Jacqueline Gano	[redacted]	Deceased 2017	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Cheryl Stanton Bachldor	[redacted]	[redacted] Brookgate Way, Atlanta, GA 30319	Retired
Spouse				
	Beth Stanton Pickard	[redacted]	[redacted] Buck Quarter Farm, Hillsborough, NC 27278	Retired
Spouse				
	Laura Stanton Easton	[redacted]	[redacted] Foxridge Ct. SE, Lenoir, NC 28645	Healthcare
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☒ No ☐
High School	Singapore American School	Singapore	1976 - 1983	Yes ☒ No ☐
College University	Cornell University	Ithaca, NY		Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BS Electrical Engineering

College or university where obtained Cornell University

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
None					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
None				

Applicant's initial .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
None				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
None		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
7/2012 to present	[redacted]Glen Road,	Mountain Lakes	NJ 07046
7/2000 to 7/2012	[redacted]Santiago Ave,	Long Beach	CA 90273
1995 to 2000	[redacted]Lovell Lane	Medina	OH 44256

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
See Attached Resume and Current Officer Appointment Listing		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home	Attached				
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
Safe Deposit Box	Bank of America	Booton, NJ	David Stanton, Jocelyn Stanton

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Mr. Stanton has not personally applied for licenses, however, the applicant and affiliated companies hold numerous licenses nationwide. The licenses include, but not limited to, waste management permits, stormwater, wastewater, Board of Pharmacy, DEA, etc. Additional details can be provided if needed.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:
None

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐
One of the affiliated companies in the Clean Earth group has been denied a permit renewal and is currently appealing the decision.

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph_____

Applicant's initial_____

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, David Stanton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 10th day of November 2020

Notary Public

(seal)

Commonwealth of Pennsylvania - Notary Seal
DANA K MCLERNAN - Notary Public
Montgomery County
My Commission Expires Jun 23, 2024
Commission Number 1299155

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1405

Date 12/21/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NV Board of Pharmacy
Nature of License

21st Century Environmental Management of Nevada, LLC 2095 Newlands Drive E, Fernley, NV 89408
Name and Address of Establishment for Which License Is Requested

None
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Kowalczyk	Sarah	Papineau

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Papineau	Sarah	Meg

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Chamberlain Hwy	Kensington,	CT 06037
Dates		

Present Business Address	City	State/Zip
334 South Warrington Road	Hatboro	PA 19040
Dates		

Occupation Inhouse counsel

Phone: Residence [redacted]

Business 267.804.5087

Date of Birth	Place of Birth (City, County, State)
[redacted]	New Britain, Hartford County, CT

Age	Social Security Number	Sex
42	[redacted]	female

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Red	fair	145	slim	5'5"

Scars, tattoos or distinguishing marks and/or characteristics various surgical scars

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial SK

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A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) S.S. No

Date of Birth Place of Birth

Resident address
Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Robert Peter Kowalczyk	12/07/2020	Stonington, CT	Dissolution	New Britain, CT

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Robert Peter Kowalczyk	Hart Street	Burlington	CT	06013	[redacted]

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Livia Mae Kowalczyk	[redacted]	New Britian, CT	[redacted] Chamberlain Hwy, Kensington, CT 06037
Rosalie Gray Kowalczyk	[redacted]	New Britain, CT	[redacted] Chamberlain Hwy, Kensington, CT 06037

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SK

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FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Marvin Peter Papineau	[redacted]	[redacted] Candlewood Ln, Southington, CT 06489	Retired (Electrician)
Mother	Nancy Ellen Papineau (Pickering)	[redacted]	[redacted] Candlewood Ln, Southington, CT 06489	Retired (Nurse)
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Robin Ellen Sallese (Papineau)	[redacted]	[redacted] Fletcher St., Maynard, MA	Teacher
Spouse	Michael J. Sallese	[redacted]	[redacted] Fletcher St., Maynard, MA	Police Officer
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Central Elementary School	Southington, CT	1983 - 1990	Yes ☒ No ☐
High School	Southington High School	Southington, CT	1993-1996	Yes ☒ No ☐
College University	Marist College	Poughkeepsie, NY	1996-2000	Yes ☒ No ☐
Other	Hofstra University School of Law	Hempstead, NY	2000-2003	Yes ☒ No ☐

Type of degree obtained, if any BS (Environmental Science and Political Science) and JD

College or university where obtained Marist College and Hofstra University School of Law, respectively

Applicant's Initial SK

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5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
None					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
None				

Applicant's initial SK

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I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
None				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
None		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/2006 to present	[redacted]Chamberlain, Hwy	Kensington	CT
04/2005 to 11/2006	[redacted]Carriage Crossing	Middletown	CT
05/2003to 04/2005	[redacted]Candlewood Lane	Southington	CT
06/2001-05/2003	[redacted]Terry Street	Hicksville	NY
05/2000-06/2001	[redacted]Stephen Street, Apt.[redacted]	Ridgewood	NY
05/1999-05/2000	[redacted]North Clover Street	Poughkeepsie	NY
08/1996-05/1999	[redacted]North Rd., Marist College	Poughkeepsie	NY
04/1978-08/1996	[redacted]Candlewood Lane	Southington	CT

Applicant's Initial SK

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8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
See Attached Resume and Current Officer Appointment Listing for employment dating backto 2002.		
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2001-08/2002	Scotto Brothers: Chateau Briand - 440 Old Country Rd., Carle Place, NY	Increase time for clerkship and school
Title	Description of Duties	Name of Supervisor
Receptionist	Front desk assistance	Unknown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1998-08/1998	Filene's, 470 Lewis Ave, Meriden, CT	Summer Position Only
Title	Description of Duties	Name of Supervisor
Sales Associate	Cashier	Unknown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2001- 05/2003	Hofstra Univ. School of Law, Human Resources Center, Room 205, Hempstead, NY	Graduation
Title	Description of Duties	Name of Supervisor
Research Assistant	Updating textbook and classroom material	William Ginsberg

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2002 - 05/2003	Hayes & Mensching, 330 Old Country Rd., Mineola, NY	Graduation
Title	Description of Duties	Name of Supervisor
Law Clerk	Law clerk duties for insurance defense firm	Edward Hayes

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1999-12/1999	Gellert & Cutler, P.C. , 75 Washington St., Poughkeepsie, NY	Completed internship.
Title	Description of Duties	Name of Supervisor
Intern & Secretary	Research and drafting	Stephen Wing

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/1998-05/2000	Marist College Learning Center, 3399 North Rd., Poughkeepsie, NY	Graduation
Title	Description of Duties	Name of Supervisor
Peer Tutor	Serving as tutor as assigned.	Jane Fiore

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1996-08/2001	The Limited, various locations in CT and NY	Seasonal positions only
Title	Description of Duties	Name of Supervisor
Sales Associate	Cashier, assistant, etc.	Various

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial SK

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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Diane Bellantoni	Home [redacted] East Beach Ave., 2nd Flr., Brigantine, FL 08203				[redacted]	12
Employer Collins Aerospace	Business					
Name Susan Petersen	Home [redacted] Burgess Rd., South Windsor, CT 06074				[redacted]	12
Employer Murtha Cullina	Business 280 Trumbull Street, 12th Flr, Hartford, CT 06103					12
Name Michael Donnelly	Home					
Employer Murtha Cullina	Business 280 Trumbull Street, 12th Flr, Hartford, CT 06103 860-240-6058					
Name Sharon Tylus	Home [redacted] Division St. Saint Charles, IL 60174				[redacted]	5
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held
Lawyer, licensed in NY, CT and MA

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
Ms. Kowalczyk has not personally applied for licenses, however, the applicant and affiliated companies hold numerous licenses nationwide. The licenses include, but not limited to, waste management permits, stormwater, wastewater, Board of Pharmacy, DEA, etc. Additional details can be provided if needed.

Applicant Initial SK

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13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐
One of the affiliated companies in the Clean Earth group has been denied a permit renewal and is currently appealing the decision.

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 1/4/2021

Applicant's initial SK

NotaryCam DocID:5ff38d9c662feb113feafdcc

STATE OF Virginia
ss.

COUNTY OF City of Colonial Heights

I, Sarah P. Kowalczyk, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Sarah Kowalczyk
Original Signature of Applicant

State of Virginia, City of Colonial Heights

Subscribed and Sworn to before me this 05 day of January 2021

Notary Public

PHYLICIA BOZEMAN
ELECTRONIC NOTARY PUBLIC
REG # 7567967
EXPIRES 11/30/2022
COMMONWEALTH OF VIRGINIA

Registration Number: 7567967

Commission Expiration: 11/30/2022

Applicant initial SK

NotaryCam DocID:5ff38d9c662feb113feafdcc

8. Employment

04/1994-08/1997 Praline's Ice Cream, 1143 Meriden-Waterbury Tnpk, Southington, CT Relocation for college.

Employee Customer Service Anthony Kosienski

Applicant's initial SK

NotaryCam DocID:5ff38d9c662feb113feafdcc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: 21st Century Environmental Management of Nevada, LLC

Physical Address: 2095 Newlands Dr East

City: Fernley State: NV Zip: 89408

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 775-575-2760 Website: www.cleanearthinc.com

Licensing Company Email: mweinheimer@harsco.com

Section 2: Personal Information

First: Mary Middle: E Last: Weinheimer

Alias(es, nicknames, name changes, etc.): Mary E Bailey (maiden name)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Cerritos Circle

City: Sparks State: NV Zip: 89436

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A MEW		

Applicant's initials: MEW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Reno		1993 to 1998	
Address	**City**	**State**	**Zip**
1664 N Virginia St	Reno	NV	89557
Diploma/Degree obtained, if any			
BS Environmental Science			
School Name		**From - To (MM/YY – MM/YY)**	
Maria Inmaculada		1976 - 1979	
Address	**City**	**State**	**Zip**
Caracas, Venezuela			
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2001- present	[redacted] Cerritos Circle	Sparks	NV 89436	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MEW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
21st Century Environmental Management of Nevada, LLC			10/1997 - current
Business Address	**City**	**State**	**Zip**
2095 Newlands Dr East	Fernley	NV	89408
Phone	**Title**		**Number of Employed Hours**
775-575-2760	Materials Mgmt Specialist II		23 years 9 months

Description of Duties

Responsible for approval of all wastes received at facility as well as designating final disposal of said wastes. Support lab in analytical protocols and recordkeeping, as well as permit related activities and recordkeeping.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MEW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A MEW		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MEW

I, Mary E Weinheimer, **certify that as the designated representative for**

21st Century Environmental Management of Nevada, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mary Weinheimer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-3-2021

Date

Applicant's initials MEW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mary Weinheimer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-3-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Lyon

I, Mary Weinheimer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-3-2021

Date

Subscribed and Sworn to before me this 3rd day of August, 2021

Notary Public Signature

JILLIAN THOMPSON
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 19-5640-12 - Expires July 11, 2023
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler 21st Century Environmental Management of Nevada, LLC

Physical Address 2095 West Newlands Drive East

City Fernley State NV Zip 89408

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775.575.2760 Website www.cleanearthinc.com

Licensing Company Email jdavis2@harsco.com

Section 2: Personal Information

First Jesus Middle _____ Last Robles-Copas

Alias(es, nicknames, name changes, etc.) Ramon Robles

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Palo Alto St.

City Rancho Cucamonga State CA Zip 91730

Telephone [redacted] Email JRobles-Copas@Harsco.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JRC JRC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

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NEVADA STATE BOARD OF PHARMACY

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PSC Environmental Services			12/00 - 08/2014	
Business Address		City	State	Zip
425 Isis Ave.		Inglewood	CA	90301
Phone	Title		Number of Employed Hours	
(310) 242-6280	General Manager		29,640	
Description of Duties				
Oversee all operations and regulatory aspects of the plant that involved the Treatment, Storage, and Disposal of Hazardous Waste.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Centro de Estudios Tecnologicos, Industrial y de Servicios (CETIS) #22			09/84 - 06-87
Address	**City**	**State**	**Zip**
Tampico-Mexico	Tampico	Tam	
Diploma/Degree obtained, if any			
Professional Technician in Petroleum Exploitation			
School Name			**From - To (MM/YY – MM/YY)**
Instituto Tecnologico de Ciudad Madero (ITCM) #7			09-81- 06-84
Address	**City**	**State**	**Zip**
Ciudad Madero - Mexico	Madero	Tam	
Diploma/Degree obtained, if any			
High School Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/96 - Current	[redacted] Palo Alto St.	Rancho Cucamonga	CA	91730
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JRC JRC

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JRC JRC

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials JRC JRC

I, Jesus Robles-Copas, **certify that as the designated representative for** 21st Century Environmental Management of Nevada LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jesus Robles-Copas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/09/2022

Date

Applicant's initials JRC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jesus Robles-Copas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/09/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Lyon

I, Jesus Robles-Copas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/09/2022

Date

Subscribed and Sworn to before me this 9th day of Feb 2022

Notary Public Signature

JILLIAN THOMPSON
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 19-5640-12 - Expires July 11, 2023

(Seal)

Applicant's initials JRC

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/3/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NV Board of Pharmacy
Nature of License

21st Century Environmental Management of Nevada, LLC 2095 Newlands Drive E, Fernley, NV 89408
Name and Address of Establishment for Which License Is Requested

None
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Diaz	Jeffrey	Alfred

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): None

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Popjoy Ln,	Glenmoore	PA 19343

Present Business Address	Dates	City	State/Zip
334 South Warminster Road		Hatboro	PA 19040

Occupation	Dates	Phone: Residence
VR - Finance	Started at CE in July 2020	[redacted]

Date of Birth	Place of Birth (City, County, State)	Business
[redacted]	Van Nuys, Los Angles, CA	215-734-1400

Age	Social Security Number	Sex
43	[redacted]	

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	medium/Olive	180	Slim	6'0"

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JD

MARITAL INFORMATION-Continued

A. **Current Marriage** 10/14/2000 (Date) Ft. Lauderdale, Broward County, FL (City, County and State)

Spouse's full name (Maiden) Aymee Comas S.S. No [redacted]

Date of Birth [redacted] Place of Birth

Resident address [redacted]Popjoy Ln, (Street) Glenmoore (City) PA (State) 19343 (Zip)

Telephone: Residence [redacted] Business

Spouse's employer None Occupation Homemaker

Address of employer None (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
None				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
None					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Katerina Diaz	[redacted]	Pembroke Pines, FL	[redacted]Popjoy Ln, Glenmoore PA 19343
Phillip Diaz		Pembroke Pines, FL	[redacted]Popjoy Ln, Glenmoore PA 19343

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [signature]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name None

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Castor Diaz	[redacted]	[redacted] Barnstormer Colorado Springs, CO 80911	Retired
Mother	Maria Diaz	[redacted]	[redacted] Barnstormer Colorado Springs, CO 80911	Retired
Father-in-Law	Pedro Comas	[redacted]	Deceased	
Mother-in-Law	Adilia Comas	[redacted]	[redacted] SW 114th Street Miami, FL 33176	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Vivian Diaz	[redacted]	[redacted] Barnstormer Ave Colorado Springs, CO 80911	Teacher

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Garden Grove Elementary	Simi Valley, CA	1982-1989	Yes ☒ No ☐
High School	Mandarin High School, Mandarin, FL		1991-1995	Yes ☒ No ☐
College University	Florida State University	600 W College Ave, Tallahassee, FL 32306	1995-1999	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any MBA - Florida State, BS Finance - Florida State

College or university where obtained Above

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
None				

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
None				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
None		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
9/2020 to present	[redacted]Popjoy Ln,	Glenmoore, PA 19343	
10/2017 9/2020	[redacted]Johns Ridge Road	Moon Twp 15108	
08/2013 10/2017	[redacted]Dry Creek Road	Aurora, CO 80016	
03/2011 08/2013	[redacted]Warwickshire Road	Furlong, PA 18925	
10/2010 03/2011	[redacted]NW 19th Dr	Pembroke Pines, FL 33024	
3/2006 10/2010	[redacted]Arborwood Circle	Davie, Fl 33328	
11/2001 03/2006	[redacted]NW 20th Street	Pembrooke Pines, FL 33024	
04/2000 10/2001	[redacted]NW 85th Ter Apt 1803	Plantation FL 33324-1247	
09/1995 04/2000	[redacted]Honey Locust Dr.	Jacksonville, FL 32223	

Applicant's initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
See Attached Resume and Current Officer Appointment Listing		
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1999	Bryant, Miller and Olive Tallahassee, FL	Went full time to Grad school
Title	**Description of Duties**	**Name of Supervisor**
Bookkeeper	Cost tracking for legal cases	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1997	Bailey's Powerhouse	Summer job
Title	**Description of Duties**	**Name of Supervisor**
Trainer	Managing club and training clients	Dave Bailey

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1996	Bailey's Powerhouse	Summer job
Title	**Description of Duties**	**Name of Supervisor**
Trainer	Managing club and training clients	Dave Bailey

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JP

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business	ATTACHED				
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
None			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Mr. Diaz has not personally applied for licenses, however, the applicant and affiliated companies hold numerous licenses nationwide. The licenses include, but not limited to, waste management permits, stormwater, wastewater, Board of Pharmacy, DEA, etc. Additional details can be provided if needed.

Applicant's initial JD

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:
None

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐
One of the affiliated companies in the Clean Earth group has been denied a permit renewal and is currently appealing the decision.

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 11/9/2020

Applicant's initial J.D

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, Jeffrey Diaz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Jeffrey Diaz

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....

Notary Public

(seal)

Applicant's initial JD

Jeffrey A. Diaz

TRANSFORMING COMPLEX FINANCIAL AND BUSINESS CHALLENGES INTO SUSTAINABLE, PROFITABLE GROWTH SOLUTIONS

Pittsburgh, PA • www.linkedin.com/in/jeffreydiaz • [redacted]

SENIOR STRATEGIC FINANCE EXECUTIVE

Accomplished P&L leader with more than a decade of progressive financial leadership experience across various global divisions and enterprise level of a global Fortune 250 company. Strategic change manager with a talent for dealing with ambiguity and transforming complex business challenges into structured solutions for driving sustainable growth and profitability. Dynamic team leader and collaborative business partner adept at establishing and managing critical relationships at all organizational levels. Strategic leader who provides clarity and thought leadership within the finance function.

- **Restructuring and Streamlining:** Centralized operational structure and finance organization of a $2B US business unit, which significantly improved customer satisfaction, upgraded talent, and raised overall operational acumen of the organization. This involved consolidating P&L leaders, as well as creating new finance management roles.
- **Acquisition Integration and Support:** Primary corporate liaison for acquisition and financial integrations of multiple businesses, including a $100M wireless security products business and $25M suppression business. Provided senior leadership with recommendations on integration and synergy potential of multiple businesses, based on financial analyses and economic return requirements.
- **Financial and Management Reporting:** Led forecasting, tracking and reporting of financial results for an $11B global enterprise and assisted senior management with driving accountability throughout the organization through use of standardized metrics.
- **System Design and Implementation:** Helped design and manage the end-to-end implementation of Tyco's first real-time driver-based forecast system for its largest user platform (SimplexGrinnell), which has become the model for linking the forecasting platform, general ledger, and source CRMs to provide one common view for management reporting and key operational performance indicators.

Executive Competencies that Deliver a Competitive Advantage

- P&L | Working Capital | Balance Sheet Management
- Team Building | Development | Leadership
- Financial Planning | Analysis | Modeling
- Internal Processes | Controls
- Executive Decision Guidance | Business Partnering
- Organization Optimization | Centralization
- Acquisitions | Operations Integration
- Interdepartmental Collaboration
- Strategic Direction Development
- System Implementation | Application Design
- Investor Relations | Support
- Operational Excellence | Six Sigma

Financial Management Leadership Progression

EATON 2017 – 2019

Joined organization and quickly came up to speed and contributed to the rapid growth of one of the most profitable businesses in the portfolio.

VP FINANCE, CONTROLS AND PROTECTION DIVISION PITTSBURGH, PA (2017 – 2019)

P&L leader accountable for driving the financial performance of $1.5B North American operations with financial responsibility over three divisions covering fourteen plants. Manage team of five direct reports.

- Focused on driving strategic initiatives to enable growth as key member of senior leadership team. Improved top-line growth from an anemic 1% to +5% by driving strategic investments to outgrow the market.
- Increased accountability throughout the organization by adding controls to strengthen balance sheet review procedures and monthly reporting cadence.
- Reorganized finance structure to align Finance direct reports to align with business and operations leaders. This change provided stronger accountability and speed of decision making.

JOHNSON CONTROLS 2003 – 2017

Rapidly progressed through leadership roles of increased responsibility and scope within different business segments of this global market leader in building automation, fire protection and security solutions, which serves more than three million commercial, government and residential customers around the world.

SENIOR FINANCE DIRECTOR / DIVISION CFO – TYCO SIMPLEXGRINNELL DENVER, CO (2016 – 2017)

P&L leader accountable for driving the financial performance of $2B US operations of this installation and services business. Develop, implement, and maintain processes and procedures for a wide-ranging set of financial activities to maximize performance of the finance team and accelerate revenue and income growth. Managed team of five direct reports.

- Focused on driving strategic initiatives to enable growth as key member of senior leadership team. Improved top-line growth from an anemic 1% to 3% by providing recommendations on various pricing and retention initiatives along with driving sales productivity.
- Increased accountability throughout the organization by adding controls to strengthen order entry, billing and revenue recognition practices across installation and service businesses.
- Centralized the finance structure, which included consolidating P&L leaders from ten to four, creating new finance management roles, and providing "real-time" analysis.
- Drove forecast accountability to new levels, while maximizing leverage of new field structure, through implementation of a streamlined reporting and forecasting simplification process.
- Increased collections and cash velocity through creation of a bimonthly Cash Roundtable Forum, which tightened execution between field and central finance teams.

SENIOR OPERATIONS CONTROLLER / REGIONAL CFO – TYCO SIMPLEXGRINNELL DENVER, CO (2013 – 2015)

Held full P&L accountability for operations of the $1B Western installation and services business. Partnered with functional leaders and subject matter experts in driving organization-wide initiatives for increasing business growth and improving margins. Provided business partners with strategic recommendations for strengthening operational and financial performance and deploying strategic investments. Managed team of two direct reports.

- Managed acquisition activity from financial modeling and due diligence all the way through completion of operational integration of a $25M suppression business.
- Designed and deployed working capital improvement initiatives across operations with use of Six Sigma tools targeted at speeding up dispute resolution and eliminating billing errors, which improved overall cash velocity.

SENIOR DIRECTOR OF FINANCIAL PLANNING AND ANALYSIS – TYCO CORPRORATE PRINCETON, NJ (2012 – 2013)

Defined enterprise wide FP&A processes and developed annual operating plan, strategic plans and monthly forecast of this $11B global organization. Led finance efforts with business operations to drive strategic product development and market growth initiatives. Performed benchmarking, cash flow and capital budgeting analysis, and trained/mentored staff members and peers for future leadership roles. Managed team of six direct reports.

- Guided development and implementation of next-generation financial systems, including HFM and Essbase, leveraging expertise honed through experience.
- Provided recommendations for increasing profits, and reducing both corporate and shared services expenses in anticipation of separation.
- Supported Investor Relations team by providing financial analyses in preparation for earnings release calls and investor presentations.

SENIOR DIRECTOR OF FINANCIAL PLANNING AND ANALYSIS – TYCO ADT WORLDWIDE PRINCETON, NJ (2011)

Held overall accountability for forecasting, tracking and reporting financial results of this $8.5B global segment. Partnered with operations leadership in driving key operational initiatives, as well as providing senior management with timely financial analyses and tools to support attainment of strategic growth objectives.

- Supported senior management with strategic and tactical business decisions by analyzing key business drivers and providing timely analysis and recommendations.
- Drove annual operating and strategic planning processes.
- Developed programs for senior management to drive accountability throughout the organization through standardization of operating metrics and reporting.

DIRECTOR OF FINANCIAL PLANNING AND ANALYSIS – SIMPLEXGRINNELL BOCA RATON, FL (2008 – 2010)

Developed annual operating and strategic plans, monthly forecasts and FP&A processes for the $2B operating segment. Analyzed KPIs and provided senior management with input and recommendations for increasing profits, reducing costs and expenses, and driving accountability throughout the organization. Managed team of five direct reports.

- Supported strategic investment opportunities by developing sophisticated financial models, including sensitivity analysis to assist with negotiation of pricing and deal terms.
- Assisted with analysis and due diligence of acquisitions, divestitures and strategic partnerships.
- Drove streamlined support for the field and business unit through further development of a centralized FP&A support model.

MANAGER OF FINANCIAL PLANNING AND ANALYSIS – TYCO SIMPLEXGRINNELL BOCA RATON, FL (2005 – 2008)
SENIOR FINANCIAL ANALYST – TYCO FIRE & SECURITY BOCA RATON, FL (2003 – 2005)
SENIOR FINANCIAL ANALYST – PERRY ELLIS MIAMI, FL (2001 – 2003)
FINANCIAL ANALYST – RENAISSANCE CRUISES FT. LAUDERDALE, FL (2000 – 2001)

Education

MBA, Florida State University – Concentration in Financial Modeling; GPA: 3.9
BS, Finance, Florida State University – Magna Cum Laude; GPA: 3.8

Eaton Executive Leadership Zone Graduate | **Six Sigma Greenbelt** | **Fluent in Spanish**

Experience using Hyperion Essbase, HFM, Excel, PowerPoint, Word, Oracle Financials and Business Objects

Type	Appointed To	Entity EIN	Address	Telephone No.	Director/Manager	Officer	Elected as Director/Manager	Elected as Officer	Still Serving	Country
LLC	Clean Earth of Puerto Rico, LLC	66-0944770	The Prentice-Hall Corporation System, c/o Fast Solutions LLC, Citi Tower 252, Ponce de Leon Ave., Floor 20, San Juan, Puerto Rico 00918	717-265-8115	Manager	Treasurer	08/20/2020	08/20/2020	Yes	Puerto Rico
LLC	Clean Earth, LLC	23-2650298	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Advanced Remediation & Disposal Technologies of Delaware, LLC	58-2365565	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Allied Environmental Group, LLC	23-2853818	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	Assessment & Remedial Design Technologies of PA, Inc.	74-3083568	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	Carteret Asphalt Corporation	22-3824173	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Carteret, LLC	65-0791457	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	United Retek of Connecticut, LLC	65-0791457	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth Dredging Technologies, LLC	23-2897350	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	Clean Earth Environmental Services, Inc.	22-3187953	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Maryland, LLC	52-1749937	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Rock Properties, LTD.	52-1841645	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of New Castle, LLC	23-2650295	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of North Jersey, Inc.	22-3632779	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Philadelphia, LLC	23-2677346	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of West Virginia, Inc.	20-2570596	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Southeast Pennsylvania, LLC	20-4755155	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Williamsport, LLC	45-2908171	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Southern Florida, LLC	45-3760023	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Georgia, LLC	46-0574278	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Greater Washington, LLC	46-1457609	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	AES Asset Acquisition Corporation d/b/a AES Environmental, LLC	47-2406435	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	Clean Earth of Alabama, Inc. dba EWS Alabama, Inc. - A Clean Earth Company	81-2481324	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Real Property Acquisition, LLC	81-3508937	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	AERC Acquisition Corporation dba AERC Recycling Solutions, A Clean Earth Company	81-5137592	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Gardner Road Oil, LLC	83-1584704	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	MKC Acquisition Corporation dba MKC Enterprises, A Clean Earth Company	82-4571766	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
Corporation	Environmental Soil Management, Inc.	02-0444849	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Director	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Environmental Soil Management of New York, LLC (FL dba ESMI, A Clean Earth Company)	14-1784837	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth Mobile Services, LLC	83-2866413	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	Clean Earth of Michigan, LLC	83-1190367	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Treasurer	07/31/2020	07/31/2020	Yes	United States
LLC	ESOL Topco, LLC	85-0537415	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	1-800-927-9801	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	21st Century Environmental Management, LLC of Rhode Island	26-2275807	275 Allens Ave., Providence, RI 02905	215-734-1400	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	21st Century Environmental Management of Nevada, LLC	26-2275838	2095 Newlands Drive, Fernley, NV 89408	215-734-1401	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Allworth, LLC	26-2181392	500 Medco Rd., Birmingham, AL 35217	215-734-1402	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Burlington Environmental, LLC	26-2182042	734 S. Lucile St., Seattle, WA	215-734-1403	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Chemical Pollution Control, LLC of New York	26-2247875	120 S. 4th Street, Bayshore, NY 11706	215-734-1404	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Chemical Pollution Control of Florida, LLC	26-2247889	334 S. Warminster Road, Hatboro, PA 19040	215-734-1405	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Chemical Reclamation Services, LLC	26-2275955	405 Powell Street, Avalon, TX	215-734-1406	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	General Environmental Management of Rancho Cordova LLC	42-1693717	11855 White Rock Road, Rancho Cordova, CA	215-734-1407	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Luntz Acquisition (Delaware), LLC	26-2246301	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	215-734-1408	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Northland Environmental, LLC	26-2247610	334 S. Warminster Road, Hatboro, PA 19040	215-734-1409	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Nortru, LLC	26-2033525	421 Lycaste Street, Detroit, MI 48214	215-734-1410	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States

LLC	Phillip Reclamation Services, Houston, LLC	26-2276941	334 S. Warminster Road, Hatboro, PA 19040	215-734-1411	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	PSC Environmental Services, LLC	26-2133522	Corporation Service Company, 251 Little Falls Drive, Wilmington, DE, 19808, United States	215-734-1412	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	PSC Recovery Systems, LLC	26-2246178	334 S. Warminster Road, Hatboro, PA 19040/GA	215-734-1413	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
Corporation	Republic Environmental Recycling (New Jersey), Inc.	22-2601518	334 S. Warminster Road, Hatboro, PA 19040	215-734-1414	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Republic Environmental Systems (Pennsylvania), LLC	26-2277300	2869 Sandstone Drive, Hatfield, PA 19440	215-734-1415	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Republic Environmental Systems (Transportation Group), LLC	26-2277543	334 S. Warminster Road, Hatboro, PA 19040	215-734-1416	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Rho-Chem, LLC	26-2181807	425 Isis Avenue, Inglewood, CA 9030	215-734-1417	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
LLC	Solvent Recovery, LLC	26-2181885	716 Mulberry Street, Kansas City, MO	215-734-1418	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
Corporation	Clean Earth Environmental Solutions, Inc.	26-2836612	334 S. Warminster Road, Hatboro, PA 19040	215-734-1419	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States
Corporation	Clean Earth Specialty Waste Solutions, Inc.	26-0811463	334 S. Warminster Road, Hatboro, PA 19040	215-734-1420	Manager	Vice President, Treasu	07/31/2020	07/31/2020	Yes	United States

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, Jeffrey Diaz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Jeffrey Diaz

Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of November 2020

Dana K. McLernan

Notary Public

(seal)

Commonwealth of Pennsylvania - Notary Seal
DANA K MCLERNAN - Notary Public
Montgomery County
My Commission Expires Jun 23, 2024
Commission Number 1299155

Applicant's initial JD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K09680238

Application/License No. TBD

21st Century Environmental Management, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2095 Newlands Drive E Fernley, NV 89408 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 11, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of November, 2020.

APPLICANT/PRINCIPAL

COMPANY
21st Century Environmental Management, LLC

Authorized Representative

SURETY
Federal Insurance Company

Surety Company's Representative

Kristen D. Pedrick, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Lynn Shollenberger
Witness

SIGNED and SEALED in the presence of:

Witness

Haley Striewig, Witness
Witness

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Kristen D. Pedrick and Robert N. Striewig Jr. of Mechanicsburg, Pennsylvania ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **January, 2020.**

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **15th** day of **January, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this November 11, 2020

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

DEA Material Handlers

Fernley TSDF

Name	Title	Dept.	Area
Katie Comer	Environmental Tech	Operations	Check-In
Milissa Allen	Environmental Tech	Operations	Check-In
Jennifer Davis	Warehouse Tech	Operations	Check-In
Charles Read	Environmental Tech	Operations	Outbound
Jeff Mace	Warehouse Tech	Operations	Outbound
Kyle Hicks	Environmental Tech	Operations	All Ops
Randall Wells	Operations Manager	Operations	All Ops
Brian Heltzel	Warehouse Tech	Operations	Check-In

DAVID STANTON[redacted]

[redacted]Mountain Lakes, NJ 07046 Email: [redacted]

Suez North America, Paramus, NJ **2012 to Present CEO – Suez Utility Holdings Inc.**

Suez is a $18B revenue global company focused on water and wastewater markets. In North America, the Suez Utility Holdings is the 3rd largest owner and operator of water and wastewater utilities. The business has $600M in revenues, $121M of net income, $3B in assets deployed, ~1,000 employees, and a capital investment plan of >$1.4B for the next 5 years. As President, I am responsible for all aspects of business, including profit and loss, acquisitions, strategic planning, operations, capital deployment, rates, finance, environment and public relations.

Selected Results:

- ***Closing a $601M private equity round with PGGM:*** As part of our long term strategy to increase capital investment and continue with regional tuck in acquisitions, we recently ran a process to sell up to 20% of the equity of Suez Utility Holdings to direct pension fund investors. Over 20 firms entered the process. On March 1, 2019 we closed with PGGM with an enterprise value of $4B, pricing our equity at a +30 PE.
- ***Reaching our 2020 financial goals in 2016:*** Rebuilt the leadership team, leading a dramatic turnaround in financial performance, as an example of the turnaround, the Net Income/Sales improved from ~8% to 18%.
- ***Launched New Business & Acquisitions Strategy:*** Started a new federal services division to target privatization and rebuild of utility assets on military bases. Also, launched a growth through acquisition strategy targeting adjacent tuck-in communities, largely municipal conversions to the IOU model. Completed ten acquisitions and awaiting decision on three military site utilities.
- ***Modernized utilities to drive performance:*** Developed and implementing a "smart water" process improvement plan including, advanced metering, smart networks, asset management and mobile workforce management. Driving efficiency and growth at the same time. Improvement examples include: NRW dropping from ~24% to <17%, DBO dropping from +40 days to 21 days.
- ***Moving 80% of customers to online experience:*** Successfully designed and launched a new online customer experience through www.mysuezwater.com. An entirely new direction for self-service customer management with a 5 year goal to move 80% of transactions to smart phones.
- ***Making Safety a personal issue:*** Shifted the operations from check the box activities to a commitment based safety and compliance culture.

APTwater, Inc., Long Beach, CA **2010 – 2012 Chief Executive Officer, Member of the Board**

CEO of an early stage company focused on developing and commercializing advanced technology for the re-use of water. The business grew from $4M of product and services in 2010, its first full year, to a run rate +$50M in 2012. The rapid growth came from organic sales and acquisitions. Company is now owned by private equity.

Selected Results:

- ***Exceeded 2 year IRR goals by 50%:*** Based upon goals established at start up.
- ***Built an Innovative Platform and Market Strategy:*** Combined technology, service operations and infrastructure investment to attract innovative technologies and capture the full value proposition in water-by-the-gallon contracts.
- ***Gathered an Extraordinary Management Team:*** The team was built from experienced industry talent recruited from successful companies in the industry.
- ***Acquired Intellectual Property to drive high margins & future growth:*** Developed and acquired a substantial portfolio of intellectual property, including; biological reduction, advanced oxidation, filtration systems, & membrane science.

SouthWest Water, Inc. *Los Angeles*, CA **2006 to 2010 Chief Operating Officer & Interim Chief Financial Officer** Chief Operating Officer of a NASDAQ listed owner of regulated water utilities and non-regulated water services. Initial focus was on driving growth through inorganic acquisition of adjacent and platform sized utilities and service companies. Due to legacy accounting issues, stepped in as CFO to bring the company into SEC and regulatory compliance. Company sold to a JP Morgan infrastructure fund.

Selected Results:

- ***Led Privatization of Major Alabama Utility:*** Led the negotiation of one of the few true transfers of a public utility to private ownership at that time. The +12,000 population wastewater utility was owned by Birmingham Water Works Board and acquired in a unique sole sourced transaction with SWWC for $22.5M.
- ***Negotiated $60M settlement on New Mexico Utility Condemnation***: After years of legal battles, negotiated settlement for sale of assets to local water authority.
- ***Restructured Texas Utility for future success***: Took over a struggling group of utilities in Texas, implemented operational restructuring to drive efficiency and reduce costs. Successfully led the team that negotiated a 45% increase on rates.
- ***Led Financial Restatement Project***: In November 2008, the board decided to restated earnings due to accounting errors that dated back over 10 years. Stepped in

as CFO, brought the company into full SEC and US GAAP compliance.

TYCO INTERNATIONAL, INC., ***Earth Tech Division*, Long Beach, CA 2000 – 2006**
Executive Vice President – Int'l Asset Management Division (2003 – 2006) **Interim Chief Financial Officer – Earth Tech Division –** (2002 – 2003) **Vice President – Corporate Development** (2001 – 2002)

Led the power, water & wastewater service business which is focused on the design, build, operate and finance of long term plant operations. The business operated in eight countries, (China, Thailand, Australia, Venezuela, Brazil, Mexico, Canada and the US) with 2400 employees, revenues of ~$400M and EBIT margin of 20%.

Selected Results:

- ***Achieved 20% year over year earnings growth***: Implemented a project level budgeting and planning, portfolio style approach, to drive metrics and improvement objectives to the every project.
- ***Improved project life IRR returns to >20%***: Reduced invested capital , grew the business, restructured mature projects with non-recourse project level debt and sold select investments when accretive to the business.
- ***Generated year over year 5% margin improvements***: Designed a Best Practices business system based upon a modified Six Sigma approach whereby cross functional teams identify, establish and roll out common practices across global operations. Resulted in improvements in control, common culture and continuous improvement.
- ***Reduced working capital by $90M***: For two consecutive years used no working capital while growing the business by freeing up $90M from the legacy business.
- ***Built a World-class Leadership Team***: Developed, hired and supported a key leadership team to delivered growth and performance every with no turn over.
- ***CFO for a tough transition time at Tyco***: Appointed Acting CFO, responsible for all financial functions of a $1.4B stand alone division comprised of water, wastewater, environmental, engineering and consulting services. Led a 3 year carve out audit of all Earth Tech companies. Established and implemented new policies and procedures to comply with US GAAP across entities in 14 countries, establishing the first effort to comply with SOX. Assisted with the transition to a new CEO and CFO, transferred to lead the IAM Division.
- ***Led growth by acquisition efforts:*** For a period of time, led acquisition growth strategy for water technology and service companies. Acquired six companies in 18 months. Led integration teams for many of the acquisitions

WATERLINK, INC., Canton, OH **1999 – 2000 Vice President – Sales and Marketing**

Developed and implemented a strategic growth plan for Waterlink, a water technology holding company with $180M in sales. The board of directors voted to sell the assets of the company, ultimately selling some of the holdings to Tyco/Earth Tech.

ITEQ, INC., Strongsville, OH **1995 - 1998 President – Ceilcote APC Division** Led the consolidation of four acquired wastewater product & service companies into one entity to with $38M in annual sales in US, Asia and Europe.

WHEELABRATOR (a Waste Management Company) Los Angeles, CA **1990 – 1994**

Vice President – General Manager Services Division Managed the combination of water and air service business units from a dozen acquired entities into a new profit and loss center. Companies were then sold to US Filter.

Vice President – General Manager Westates Division Starting as a Regional Sales Manager of a Venture Capital funded company, and then promoted to VP - General Manager. Achieved rapid growth in sales and services from $7M per year to $28M per year. Participated in the sale of Westates to Wheelabrator.

LUTRON ELECTRONICS, INC., Los Angeles, CA **1987 - 1989**

Regional Sales Manager Completed a rotational training program, modeled after GE, gaining experience in manufacturing, quality, customer service, and marketing for this lighting controls company. Led and managed double digit sales growth in the Southwest U.S.A. and Asia regions.

EDUCATION

Bachelors of Science in Electrical Engineering Cornell University, Ithaca, New York

Relevant Board Experience Current Chairman of the National Association of Water Companies and Executive Committee Member for 3 years Advisory Board to Aquatech International, Inc. for 10 years Board of the United Water Foundation, Inc. for 5 years Cornell Rowing Association Board for 3 years National Association of Corporate Directors Governance Fellow

Relevant Affiliations National Association of Water Companies, American Water Works Association, National Association of Corporate Directors, Alumni of Young President Organization

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☑ Nevada

☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Community Health Alliance · Sun Valley Pharmacy

Physical Address: 5055 Sun Valley Blvd.

City: Sun Valley State: NV Zip: 89433

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: nadeolokun@chanevada.org

Website: www.Chanevada.org

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Netochi Adeolokun

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19328

Type of Pharmacy (check all applicable)

☑ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☑ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

☐ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jennifer Wheeler	NV Pharmacist Registration #: 18806
Name: Heidi Durant	NV Pharmacist Registration #: 17641
Name: Tasha Farnaam	NV Pharmacist Registration #: 20495
Name: Andrew Beau Kerby	NV Pharmacist Registration #: 18216
Name: Luis Martinez	NV Pharmacist Registration #: 20674
Name: Andrew Miller	NV Pharmacist Registration #: 19315
Name: Nikhil Pattni	NV Pharmacist Registration #: 20069
Name: Michelle Pham	NV Pharmacist Registration #: 20150
Name: Stephanie Walker	NV Pharmacist Registration #: 18586
Name: Kelsey Maxim	NV Pharmacist Registration #: 18749
Name: Netochi Adelokun	NV Pharmacist Registration #: 19328

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada / Community Health Alliance

Parent Company (if any): _____

Corporation/Organization Name: Community Health Alliance

Mailing Address: 1680 S. Rock Blvd.

City: Reno State: NV. Zip: 89502

Telephone: (775)329-6300 x 117 Email: jwheeler@chanevada.org

Contact Person Name: Jennifer Wheeler

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Clinical Officer (title) for Community Health Alliance Sun Valley Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jennifer Wheeler

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/24/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, NETOCHI ADEOLOKUN hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge (title) for Community Health Alliance Sun Valley Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24th day of February, 2022

Notary Public

ZEARENA GUZMAN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-6142-02 - Expires May 27, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NETOCHI ADEOLOKUN Pharmacist Registration #: 19328

Pharmacy Name: Community Health Alliance Sun Valley Pharmacy

Initial each statement below to indicate you have read and agree with the following:

NA I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NA I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NA I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NA I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

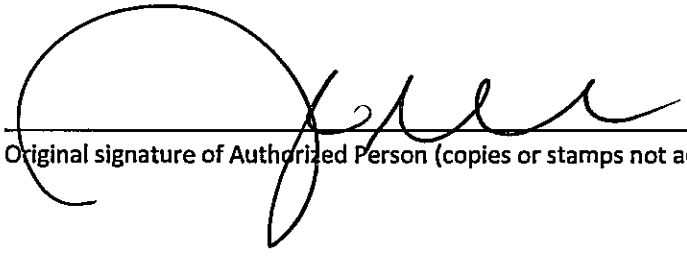
Original signature of Managing Pharmacist (copies or stamps not accepted)

02/24/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Wheeler

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

2/24/22

Date

Board Use Only	Date Received: _____	Amount: CC processed 3/16/22

Community Health Alliance is a non-publically traded Federally Qualified Health Center and is the sole owner of the Community Health Alliance- Sun Valley Pharmacy. There are no stockholders associated with this pharmacy.

First Name	Last Name	Position
Alex	Woodley	**President**
Matthew	Thorton	**Vice-President**
Laura	Martinez	**Treasurer**
Alexsis	Adams	**Secretary**
Daniel	Spogen	**At Large Member**
Liliana	Lopez-Estrada	Member,CHA Board of Directors
Frank	Perez	Member,CHA Board of Directors
Jennifer	Hagen	Member,CHA Board of Directors
Paul	Parent	Member,CHA Board of Directors
Claret	Stephens	Member,CHA Board of Directors
Bayo	Curry	Member,CHA Board of Directors
Mathew	Work	Member,CHA Board of Directors
Oscar	Delgado	CHA-CEO
Jennifer	Wheeler	CHA-CCO
Phillip	Nowak	CHA-CFO
Casey	Gillham	CHA-CAO
Victor	Salcido	CHA-CLO

Address	City	State	Zip Code
[redacted]	Reno	NV	895
	Reno	NV	895
	Sparks	NV	894
	Reno	NV	895
	Sparks	NV	894
	Reno	NV	895
	Reno	NV	895
	Reno	NV	895
	Reno	NV	895
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	Reno	NV	895
	Reno	NV	895

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COMMUNITY HEALTH ALLIANCE**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/31/1992, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/01/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203012447382
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Community Health Alliance Sun Valley Pharmacy

Physical Address 5055 SUN VALLEY BLVD

City SUN VALLEY State NV Zip 89433

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.chanevada.org

Licensing Company Email _____

Section 2: Personal Information

First NETOCHI Middle OLUWASEMIRE Last ADEOLOKUN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Pachuca Drive

City RENO State NV Zip 89521

Telephone [redacted] Email nadeolokun@chanevada.org

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
IDAHO STATE UNIVERSITY		08/2010 – 05/2016	
Address	**City**	**State**	**Zip**
921 S 8th Avenue	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of Phrmacy			

School Name		From - To (MM/YY – MM/YY)	
NEW MEXICO HIGHLANDS UNIVERSITY		08/2009 – 06/2010	
Address	**City**	**State**	**Zip**
1005 Diamond St.	Las Vegas	NM	87701
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2012 – 05/2015	[redacted] 4th Street	Pocatello	ID	83209
05/2015 – 06/2017	[redacted] SELMI DR	RENO	NV	89512
06/2017 – 06/2018	[redacted] S Meadows Pkwy	RENO	NV	89521
06/2018 – 09/2018	[redacted] Double R Blvd	RENO	NV	89521
09/2018 – Present	[redacted] Pachuca Dr	RENO	NV	89521

Applicant's initials NA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Community Health Alliance Pharmacy			07/2016 – Present	
Business Address	**City**		**State**	**Zip**
1055 S Wells Ave	Reno		NV	89502
Phone	**Title**		**Number of Employed Hours**	
775-336-3096	Director of Pharmacy		48,000	
Description of Duties				
Responsible for overseeing daily aspects of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials NA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, NETOCHI ADEOLOKUN, **certify that as the designated representative for** Community Health Alliance Sun Valley Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

NETOCHI ADEOLOKUN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2022

Date

Applicant's initials NA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NETOCHI ADEOLOKUN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, NETOCHI ADEOLOKUN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/24/2022
Date

Subscribed and Sworn to before me this 1st day of March.

ZEARENA GUZMAN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-6142-02 - Expires May 27, 2025

Notary Public Signature

(Seal)

Applicant's initials NA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Community Health Alliance Sun Valley Pharmacy

Physical Address 5055 SUN VALLEY BLVD

City SUN VALLEY State NV Zip 89433

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.chanevada.org

Licensing Company Email _____

Section 2: Personal Information

First NETOCHI Middle OLUWASEMIRE Last ADEOLOKUN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Pachuca Drive

City Reno State NV Zip 89521

Telephone [redacted] Email nadeolokun@chanevada.org

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
IDAHO STATE UNIVERSITY		08/2012 – 05/2016	
Address	**City**	**State**	**Zip**
921 S 8th Avenue	POCATELLO	ID	83209
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
NEW MEXICO HIGHLANDS UNIVERSITY		08/2009 – 06/2010	
Address	**City**	**State**	**Zip**
1005 Diamond St.	Las Vegas	NM	87701
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2012 - 05/2015	[redacted] S 4th Street	Pocatello	ID	83209
05/2015 - 06/2017	[redacted] Semi Drive	RENO	NV	89512
06/2017 - 06/2018	[redacted] S Meadows Pkwy	RENO	NV	89521
06/2018 - 09/2018	[redacted] Double R BLVD	RENO	NV	89521
09/2018 - Present	[redacted] Pachuca Drive	RENO	NV	89521
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Community Health Alliance Pharmacy			07/2016 - Present
Business Address	**City**	**State**	**Zip**
1055 S Wells Ave	Reno	NV	89502
Phone	**Title**		
775-336-3096	Director of Pharmacy		
Description of Duties			
Responsible for overseeing the daily aspects of the pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials N.A

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NETOCHI ADEOLACUN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe County

I, NETOCHI ADEOLACUN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/24/2022.

Date

Subscribed and Sworn to before me this 1st day of March.

Notary Public Signature

ZEARENA GUZMAN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-6142-02 - Expires May 27, 2025

(Seal)

Applicant's initials NA

411

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01036	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #551

Physical Address: 4348 South Carson Street

City: Carson City State: NV Zip: 89701

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 775-883-1833 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 775-883-8399 Contact Email: 551Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher LaPierre

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17087

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: CHRISTOPHER LAPIERRE	NV Pharmacist Registration #: 17087
Name: CARLA FRISBY	NV Pharmacist Registration #: 15108
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #551 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #551 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of November, 20 21

See attached
Notary Public

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/29/21 (Date) before me, Sheila Smith, Notary Public (Here Insert Name and Title of the Officer),

personally appeared Christopher McGrarry (Name(s) of Signer(s)),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Place Notary Seal and/or Stamp Above

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Christopher LaPierre Pharmacist Registration #: 17087

Pharmacy Name: Save Mart Pharmacy #551

Initial each statement below to indicate you have read and agree with the following:

CL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher LaPierre — 11-20-2021

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/29/21

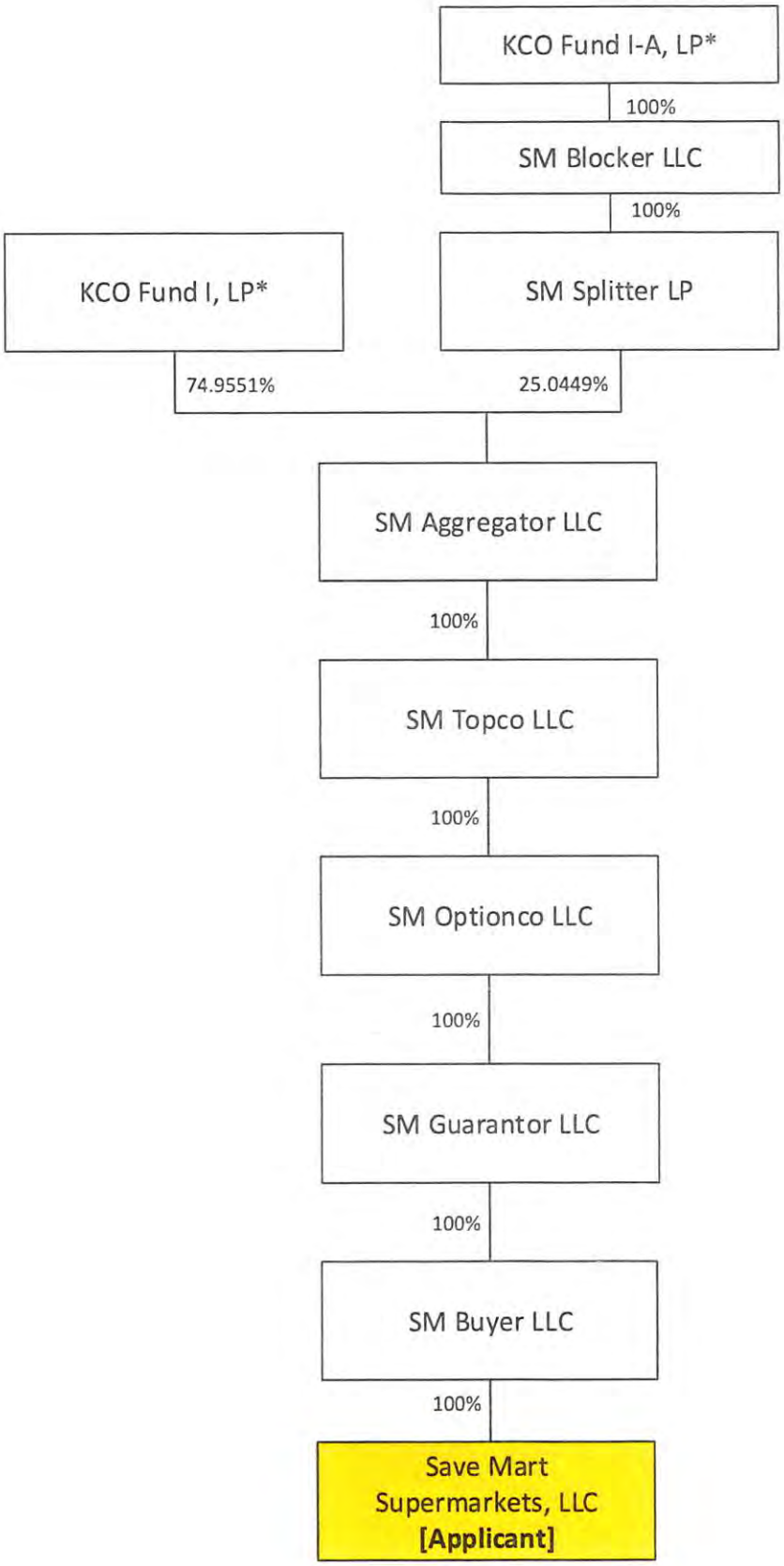
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1014955

Processed 12/9/21

Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Attachment 1

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N (**2001**). Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	**STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
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Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Pharmacy Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Pharmacy Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Pharmacy Permit No. PHY 55317** Respondents.	Case No. 7041 **ACCUSATION**

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
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Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
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In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	**REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
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I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
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I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

****

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SA2020303766

DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 08
SENDER'S RECORD

Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9678 92
SENDER'S RECORD

Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 15
SENDER'S RECORD

California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

Signature

SA2020103766
35345809.docx

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 22nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $950.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph.,
Certificate of Registration #11288,

Case No. 01-019A-RPH-N

DONALD P. WACHSMAN, R.Ph.,
Certificate of Registration #11953,

Case No. 01-019B-RPH-N

[redacted]
Certificate of Registration #PH1037,

Case No. 01-019C-PH-N

SHEILA E. JANI, R.Ph.,
Certificate of Registration #14913,

Case No. 01-019D-RPH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 4th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 96-053-PH-N

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No. PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 8:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

y

Where is the facility located?
■ Nevada
☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01712	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #552

Physical Address: 3620 North Carson Street

City: Carson City State: NV Zip: 89706

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 841-4430 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 841-4437 Contact Email: 552Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Donald Wachsman

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11953

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: DONALD WACHSMAN	NV Pharmacist Registration #: 11953
Name: JAMES GALINDO	NV Pharmacist Registration #: 10317
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #552 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/29/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #552 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of November, 2021

See attached
Notary Public

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

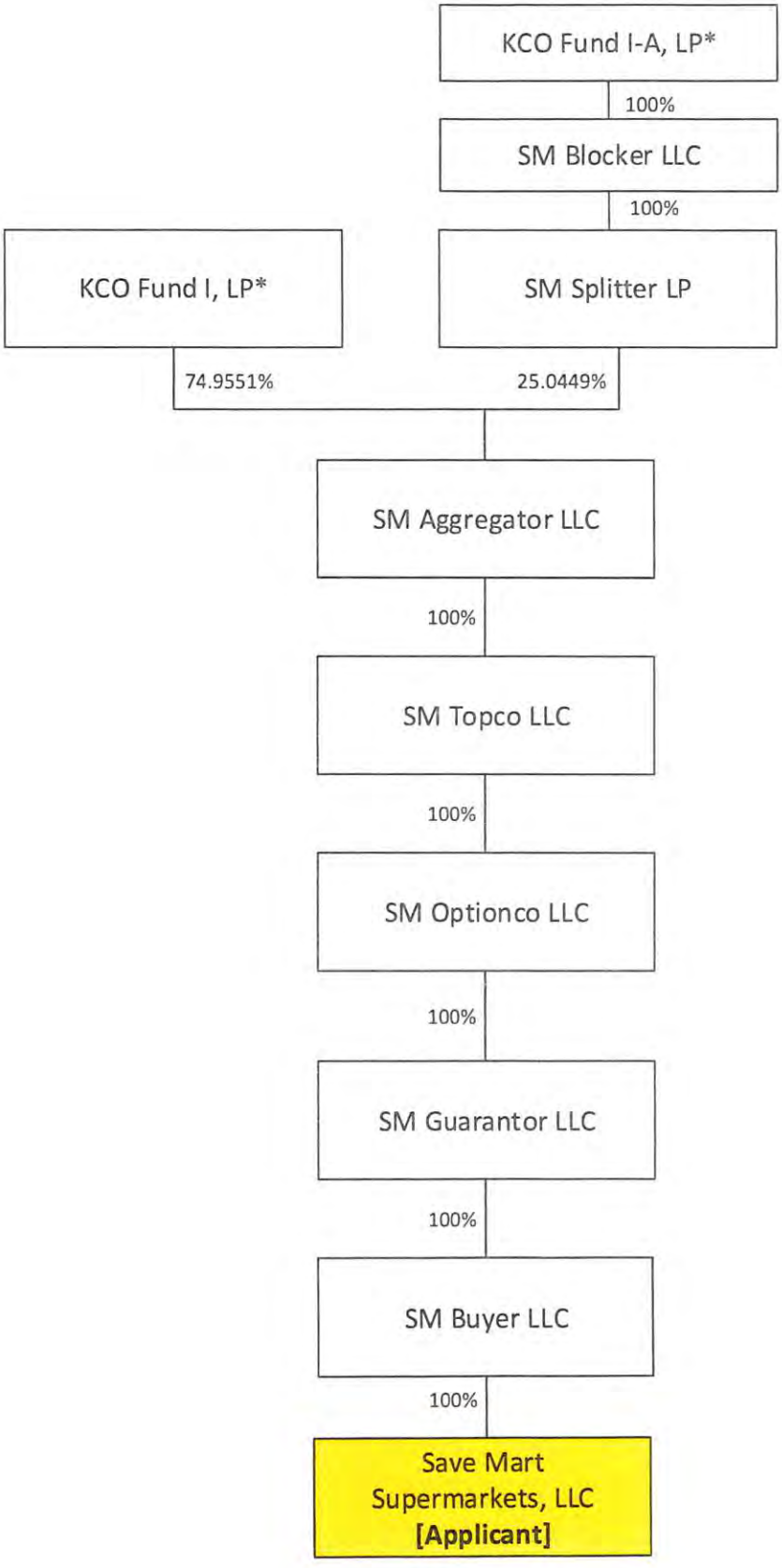
Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/29/21 (Date) before me, Sheila Smith, Notary Public, (Here Insert Name and Title of the Officer)

personally appeared Christopher McGarry (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator
☐ Other: _____
Signer is Representing: _____

Signer's Name: _____
☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator
☐ Other: _____
Signer is Representing: _____

©2017 National Notary Association

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Donald Wachsman Pharmacist Registration #: 11953

Pharmacy Name: Save Mart Pharmacy #552

Initial each statement below to indicate you have read and agree with the following:

DW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
LETTER OF REPRIMAND	NV	2001	01-019B-RPH-N(2001)

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donald Wachsman 11953

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/30/21

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/29/21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1014955

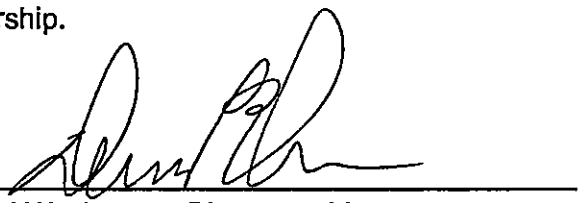
Save Mart Supermarkets
Change of Ownership Applications

Discipline Information - Save Mart Pharmacy #552

Have you been the subject of a board citation or an administrative action whether completed or pending in any state?

Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

Donald Wachsman, Nevada Pharmacist License No. 11953, currently PIC at Save Mart Pharmacy #552 (Nevada License No. PH01712) in Carson City, Nevada.
Nevada Board of Pharmacy Case No. 01-019B-RPH-N (2001)
Letter of Reprimand issued by Board for a prescription misfill in 2001 under prior pharmacy ownership.

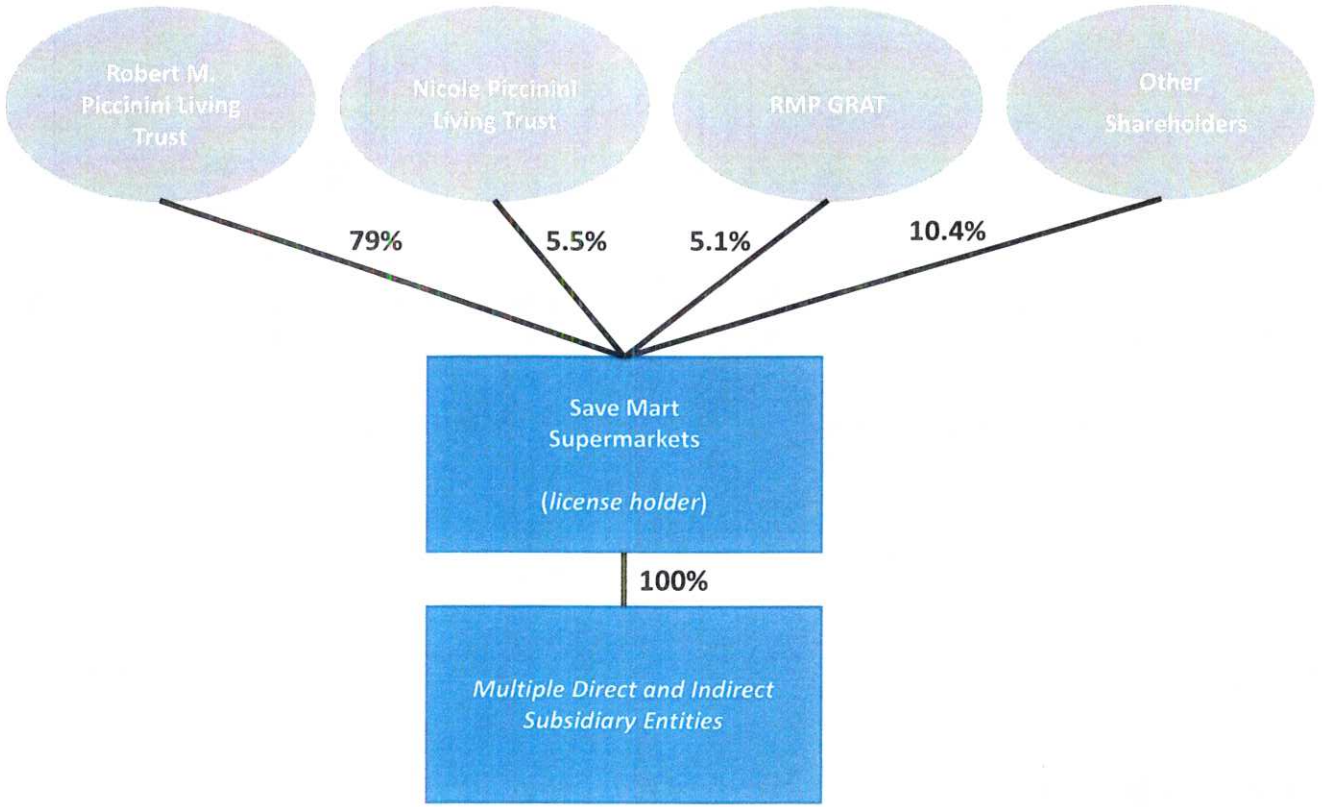


Donald Wachsman, Pharmacy Manager

Dated 1/29/2021

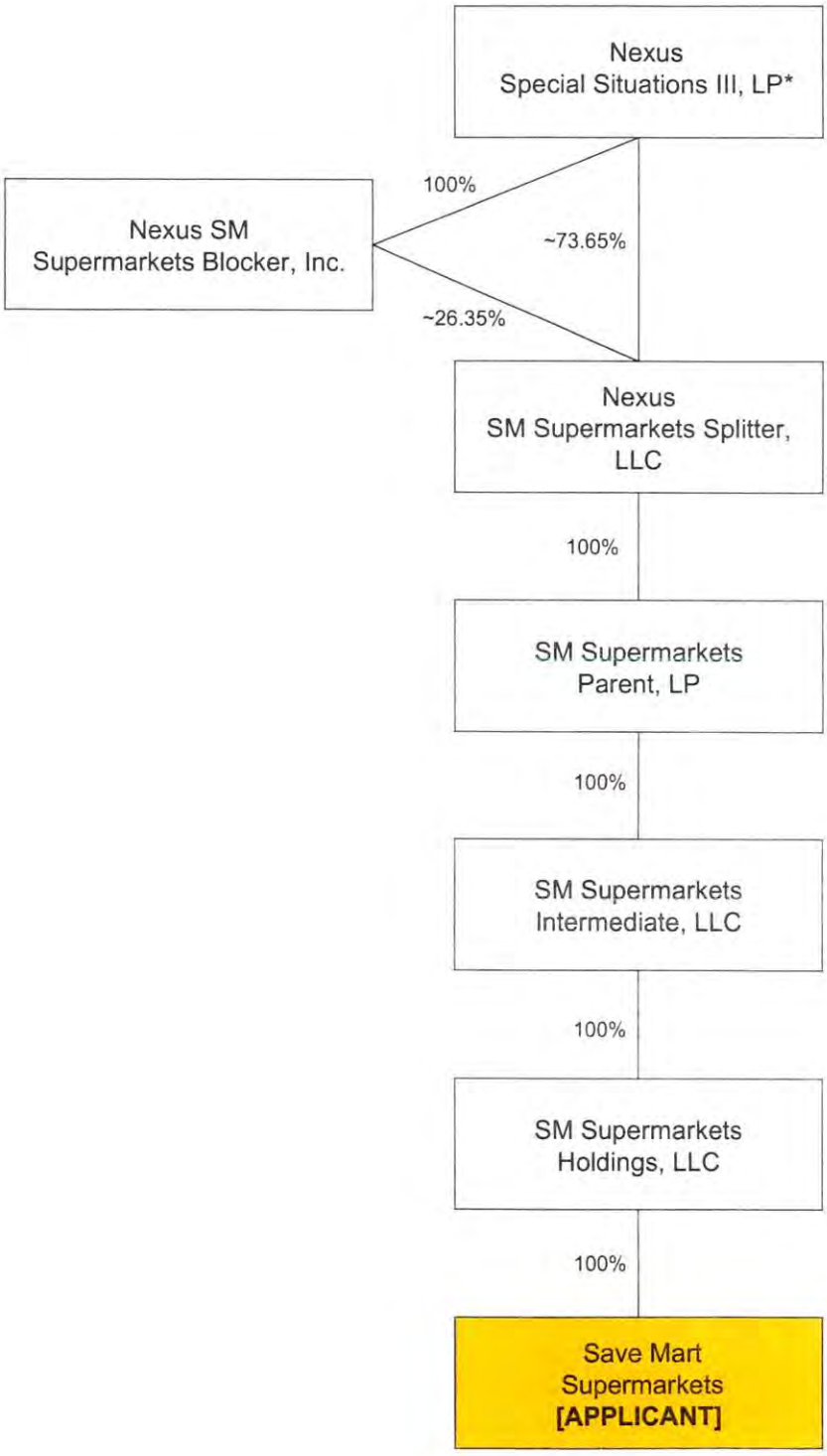
CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT
AND SIMILAR STATE REQUESTS

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



1

* Nexus Special Situations III, LP is comprised solely of passive investors with no say in day-to-day operations.

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers and Directors of Save Mart Supermarkets

1. Louis Giraudo, Chairman of the Board of Directors
2. Nicole Piccinini Pesco, Director
3. Steve Junqueiro, Director
4. Christopher W. McGarry, CEO and Director
5. Ali Sadiq, CFO

Ownership of Save Mart Supermarkets

Upon the transaction closing in December 2021, Save Mart Supermarkets will become a wholly owned subsidiary of SM Supermarkets Holdings, LLC. There are no other stockholders of Save Mart Supermarkets, nor any other stockholders that hold 10% or more of the shares of Save Mart Supermarkets or SM Supermarkets Holdings, LLC. The top level entity in the corporate structure is Nexus Special Situations III, LP, which is comprised solely of passive investors with no say in day-to-day operations of Save Mart Supermarkets.

Please see the attached pre- and post- close Corporate Organization charts for reference.

Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N (**2001**). Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611	ACCUSATION
Pharmacy Technician License No. 67617,	
SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611	
Pharmacy Permit No. PHY 55306,	
SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710	
Pharmacy Permit No. PHY 55359,	
and	
SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611	
Pharmacy Permit No. PHY 55317	
Respondents.	

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'05'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2020303766
Santiago SaveMart Acc Final.docx

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 REQUEST FOR DISCOVERY

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

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I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 08
SENDER'S RECORD

Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9678 92
SENDER'S RECORD

Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 15
SENDER'S RECORD

California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 22
SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No: 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 12nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $960.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] **Certificate of Registration #PH1037,** — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No. PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

Case No. 96-053-PH-N

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 6:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [x] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
[ ] New Pharmacy	* If making a change, provide current license number:	[ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
[x] Ownership Change*		[x] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
[ ] Location Change *	PH 01037	[ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
[ ] Name Change*		[ ] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #553

Physical Address: 525 Keystone Avenue

City: Reno State: NV Zip: 89503

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 329-2981 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 786-4893 Contact Email: 553Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Marilou Reyes

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11763

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
[x] Retail/Community	[x] Retail/Community
[ ] Hospital (# beds _____)	[ ] Non-sterile Compounding
[ ] Internet	[ ] Sterile Compounding
[ ] Nuclear	[ ] Mail-Order Service
[ ] Other: _____	[ ] Off-site Cognitive Services
	[ ] Long Term Care
	[ ] Hospital
	[ ] Other:

Days of Operation

[x] Monday [x] Tuesday [x] Wednesday [x] Thursday [x] Friday [x] Saturday [x] Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: MARILOU REYES	NV Pharmacist Registration #: 11763
Name: JENNIFER HOHMANN	NV Pharmacist Registration #: 15144
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #553 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #553 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24 day of November, 20 21

See attached
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/29/2021 before me, Sheila Smith Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Christopher McGarry
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Marilou Reyes Pharmacist Registration #: 11763

Pharmacy Name: Save Mart Pharmacy #553

Initial each statement below to indicate you have read and agree with the following:

MR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marilou A. Reyes 11-19-21

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 1014955 ✓

Processed 12/9/21

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

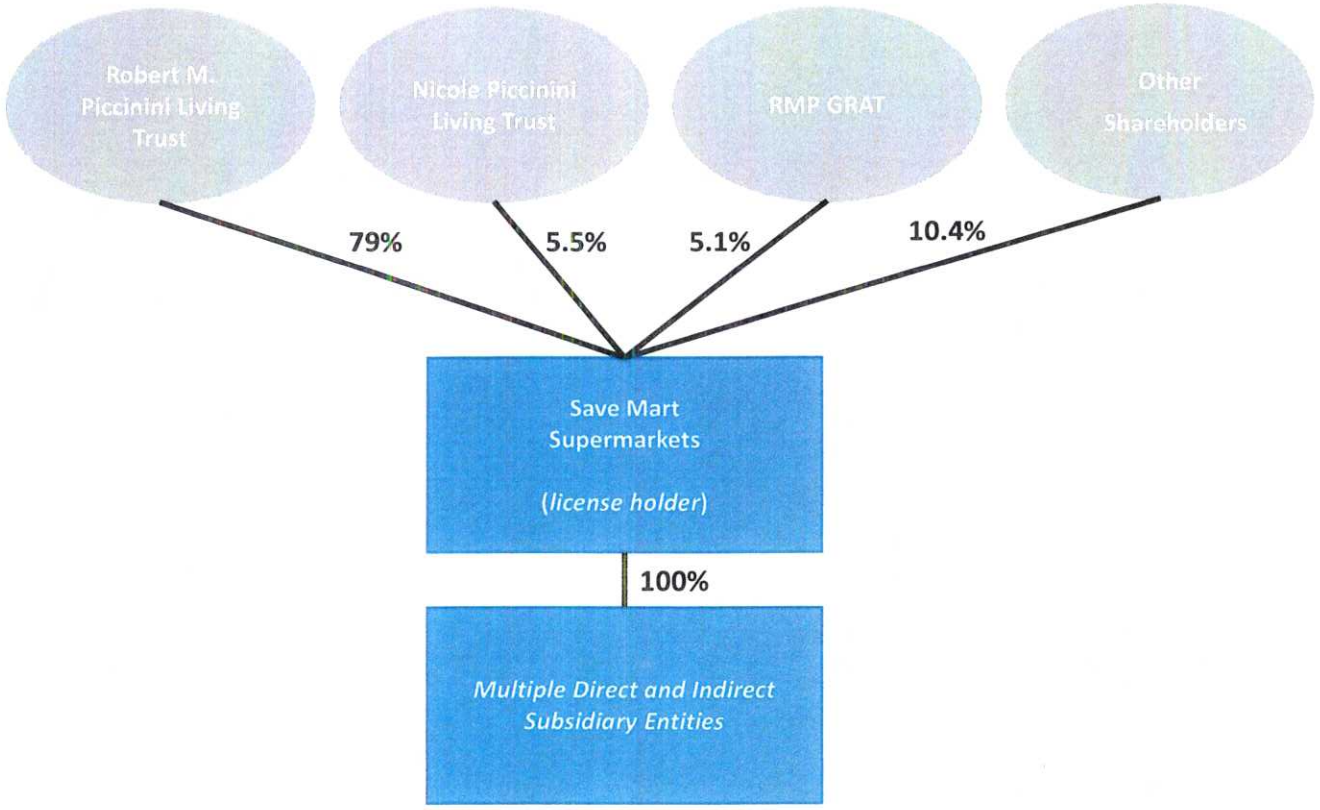
- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

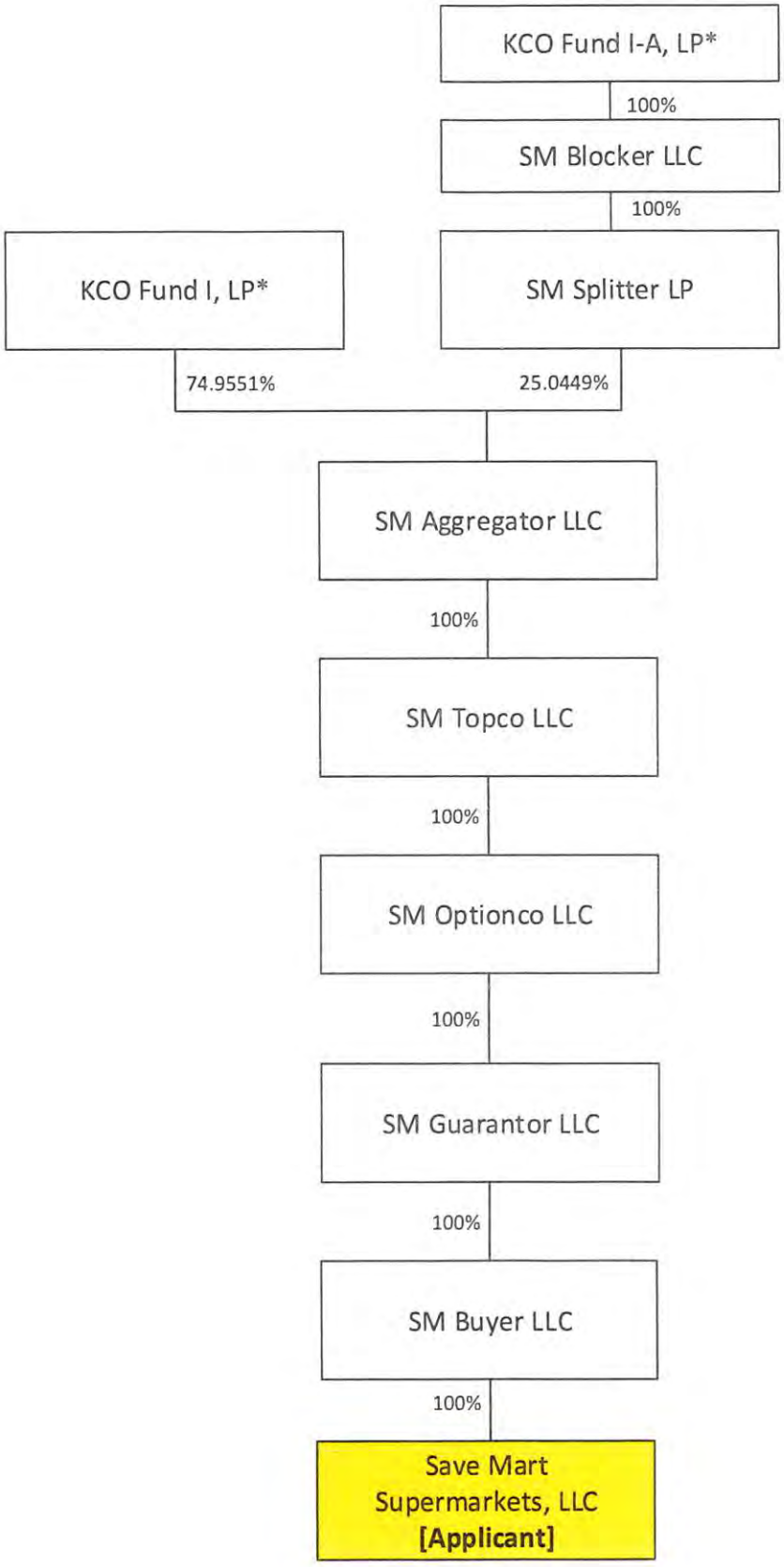
- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N **(2001)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO **[redacted] N. Cypress Ave.** **Clovis, CA 93611**	**STATEMENT TO RESPONDENT**
	[Gov. Code §§ 11504, 11505(b)]
Pharmacy Technician License No. 67617,	
SAVE MART SUPERMARKET #98 **1835 East Herndon Ave.** **Clovis, CA 93611**	
Permit No. PHY 55306,	
SAVE MART SUPERMARKET #651 **5750 N. First St.** **Fresno, CA 93710**	
Permit No. PHY 55359,	
and	
SAVE MART SUPERMARKET #52 **2179 Shaw Ave.** **Clovis, CA 93611**	
Permit No. PHY 55317	
Respondents.	

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Pharmacy Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Pharmacy Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Pharmacy Permit No. PHY 55317 Respondents.	Case No. 7041 ACCUSATION

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA
Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Santiago SaveMart Acc Final.docx

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

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This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

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COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

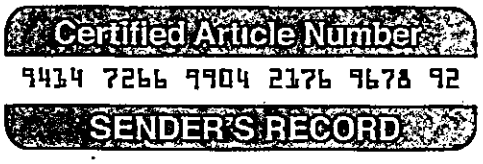
I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

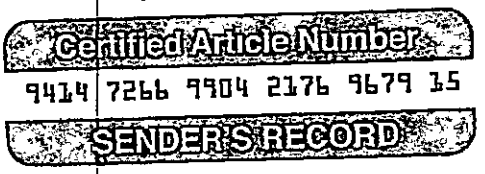
Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail



California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 12nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH,
Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149,
Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $960.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] **Certificate of Registration #PH1037,** — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 96-053-PH-N

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No. PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 8:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 00877	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #554

Physical Address: 4995 Kietzke Lane

City: Reno State: NV Zip: 89509

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 825-3322 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 827-4633 Contact Email: 554Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Pratap Suryadevara

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17999

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: PRATAP SURYADEVARA	NV Pharmacist Registration #: 17999
Name: HELENA HUA	NV Pharmacist Registration #: 15700
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #554 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #554 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24 day of November, 2021

See attached
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/29/2021 (Date) before me, Sheila Smith Notary Public (Here Insert Name and Title of the Officer)

personally appeared Christopher McGarry (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2017 National Notary Association

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Pratap Suryadevara Pharmacist Registration #: 17999

Pharmacy Name: Save Mart Pharmacy #554

Initial each statement below to indicate you have read and agree with the following:

PS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

PS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

PS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

PS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

PS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

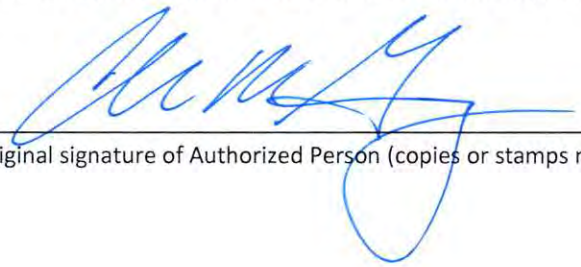
11/24/2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 1014955

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

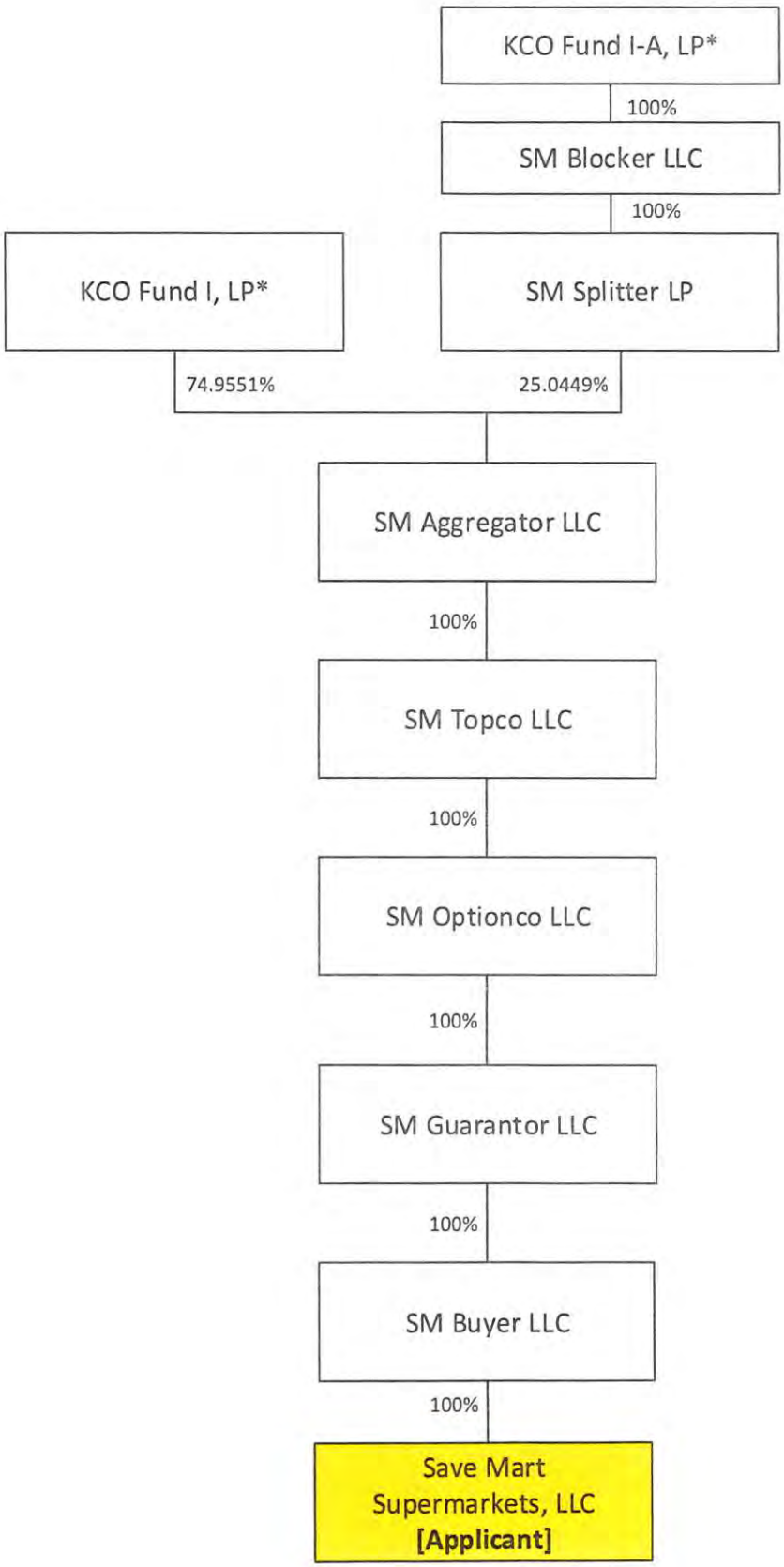
Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

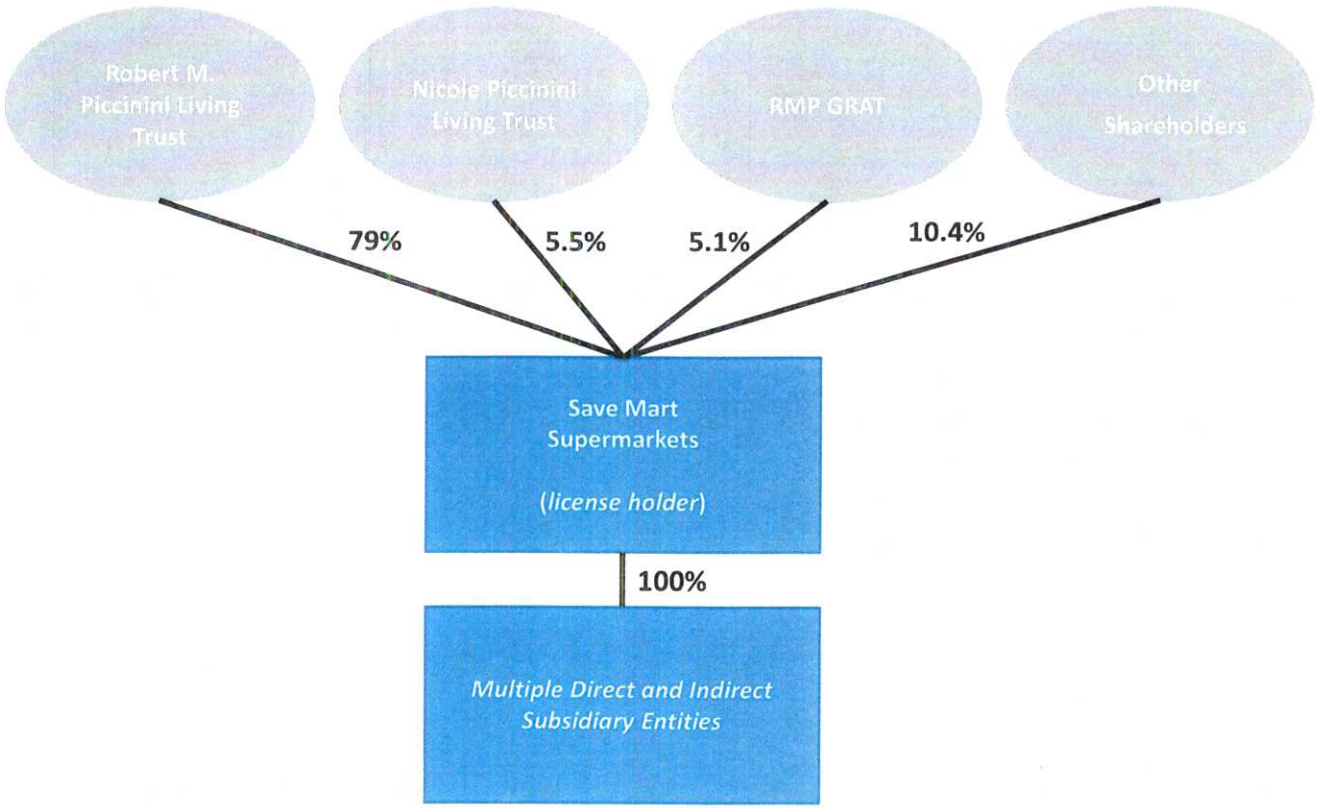
Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N **(2001)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** [redacted] **N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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DAVID E. BRICE
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Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO **[redacted] N. Cypress Ave.** **Clovis, CA 93611**	**ACCUSATION**
Pharmacy Technician License No. 67617,	
SAVE MART SUPERMARKET #98 **1835 East Herndon Ave.** **Clovis, CA 93611**	
Pharmacy Permit No. PHY 55306,	
SAVE MART SUPERMARKET #651 **5750 N. First St.** **Fresno, CA 93710**	
Pharmacy Permit No. PHY 55359,	
and	
SAVE MART SUPERMARKET #52 **2179 Shaw Ave.** **Clovis, CA 93611**	
Pharmacy Permit No. PHY 55317	
Respondents.	

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA
Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Attorney General of California
DAVID E. BRICE
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** [redacted] **N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

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I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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SA2020303766

DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550,.addressed as follows:

Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 08
SENDER'S RECORD

Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9678 92
SENDER'S RECORD

Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 15
SENDER'S RECORD

California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

Signature

SA2020303766
35345809.docx

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 22nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $950.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] Certificate of Registration #PH1037, — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No. PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

Case No. 96-053-PH-N

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 6:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: PH 01027	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #555

Physical Address: 10500 North McCarran

City: Reno State: NV Zip: 89503

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 746-5717 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 746-2308 Contact Email: 555Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Teri Kezar

Supervising/Managing Pharmacist NV Pharmacist Registration #: 13740

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL GALLOWAY	NV Pharmacist Registration #: 19741
Name: TERI KEZAR	NV Pharmacist Registration #: 13740
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #555 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/24/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #555 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of November, 2021

See attached

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/29/2021 before me, Sheila Smith Notary Public
Date *Here Insert Name and Title of the Officer*

personally appeared Christopher McGarvey
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Teri Kezar Pharmacist Registration #: 13740

Pharmacy Name: Save Mart Pharmacy #555

Initial each statement below to indicate you have read and agree with the following:

TK I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TK I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TK I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TK I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TK I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Teri Kezar

Original signature of Managing Pharmacist (copies or stamps not accepted)

11-24-2021

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Board Use Only	Date Received: _____	Amount: 500 check # 1014955

Processed 12/9/21

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

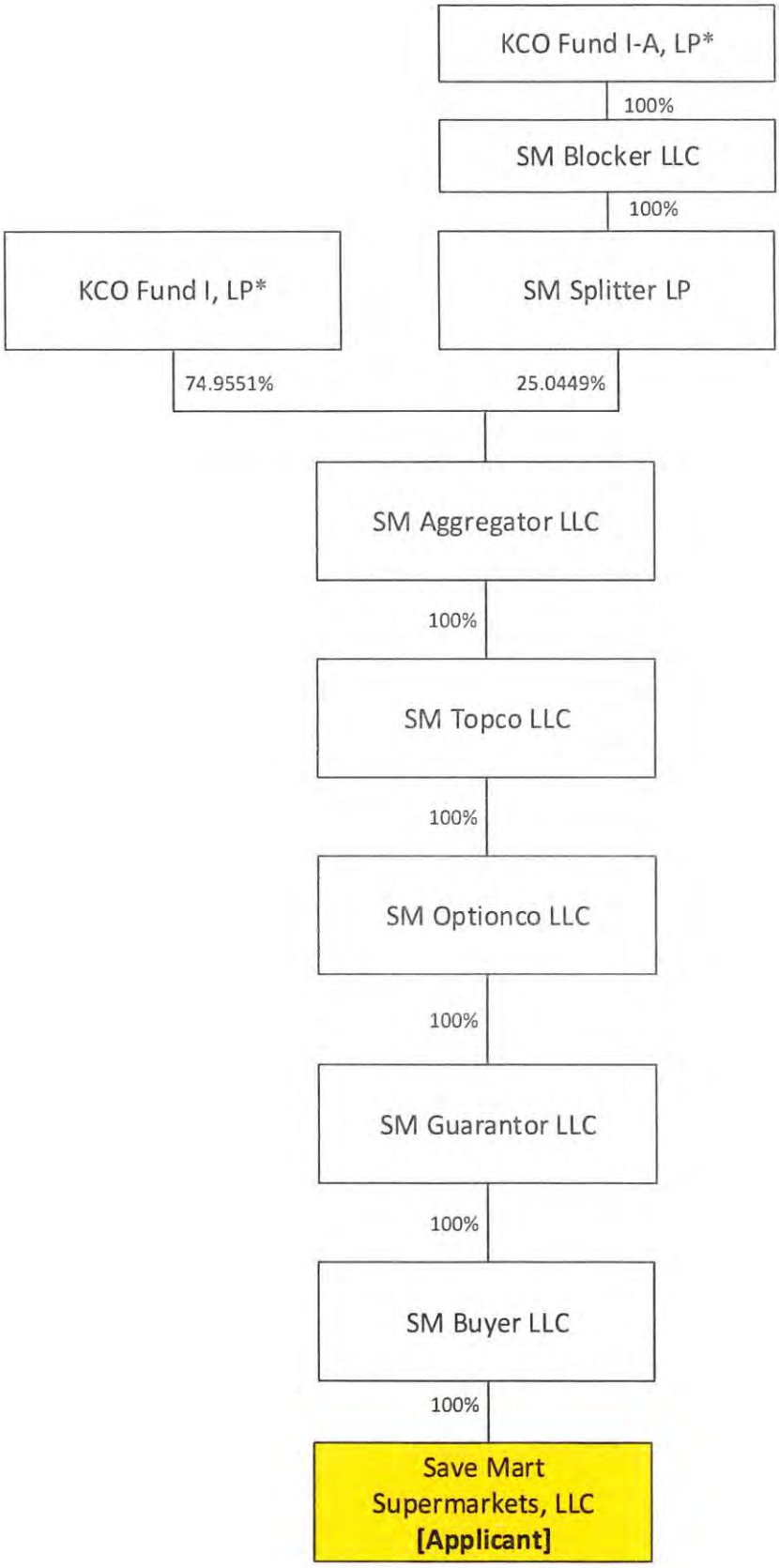
Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

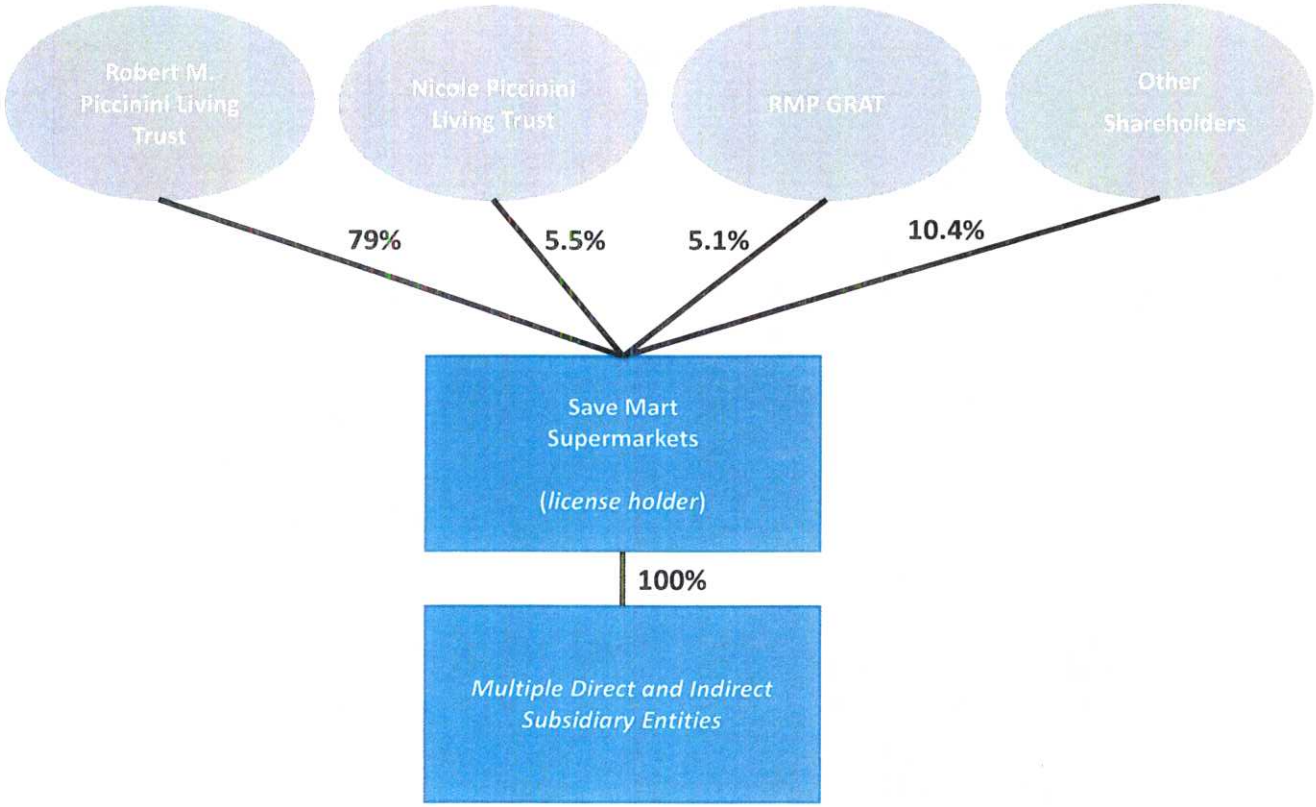
Save Mart Supermarkets
Corporate Structure Post Closing

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N **(2001)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertaintics involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Pharmacy Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Pharmacy Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Pharmacy Permit No. PHY 55317 Respondents.	Case No. 7041 ACCUSATION

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 08
SENDER'S RECORD

Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9678 92
SENDER'S RECORD

Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail

Certified Article Number
9414 7266 9904 2176 9679 15
SENDER'S RECORD

California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

J Williamson
Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph., Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551, Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 12nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $960.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] **Certificate of Registration #PH1037,** — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No: PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

Case No. 96-053-PH-N

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 8:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*	PH 00996	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #556

Physical Address: 195 West Plumb Lane

City: Reno State: NV Zip: 89509

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 786-2970 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 786-1537 Contact Email: 556Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Deisy Serrano

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14845

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: WILLIAM RUEBUSCH	NV Pharmacist Registration #: 12172
Name: DEISY SERRANO	NV Pharmacist Registration #: 14845
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #556 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/24/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #556 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of November, 2021

See attached
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/24/2021 (Date) before me, Sheila Smith, Notary Public, (Here Insert Name and Title of the Officer)

personally appeared Christopher McGarvey (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ *Signature of Notary Public*

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2017 National Notary Association

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Deisy Serrano Pharmacist Registration #: 14845

Pharmacy Name: Save Mart Pharmacy #556

Initial each statement below to indicate you have read and agree with the following:

ds I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ds I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ds I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ds I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ds I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/20/2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Board Use Only	Date Received: _____	Amount: 500 check # 1014955

Processed 12/9/21

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

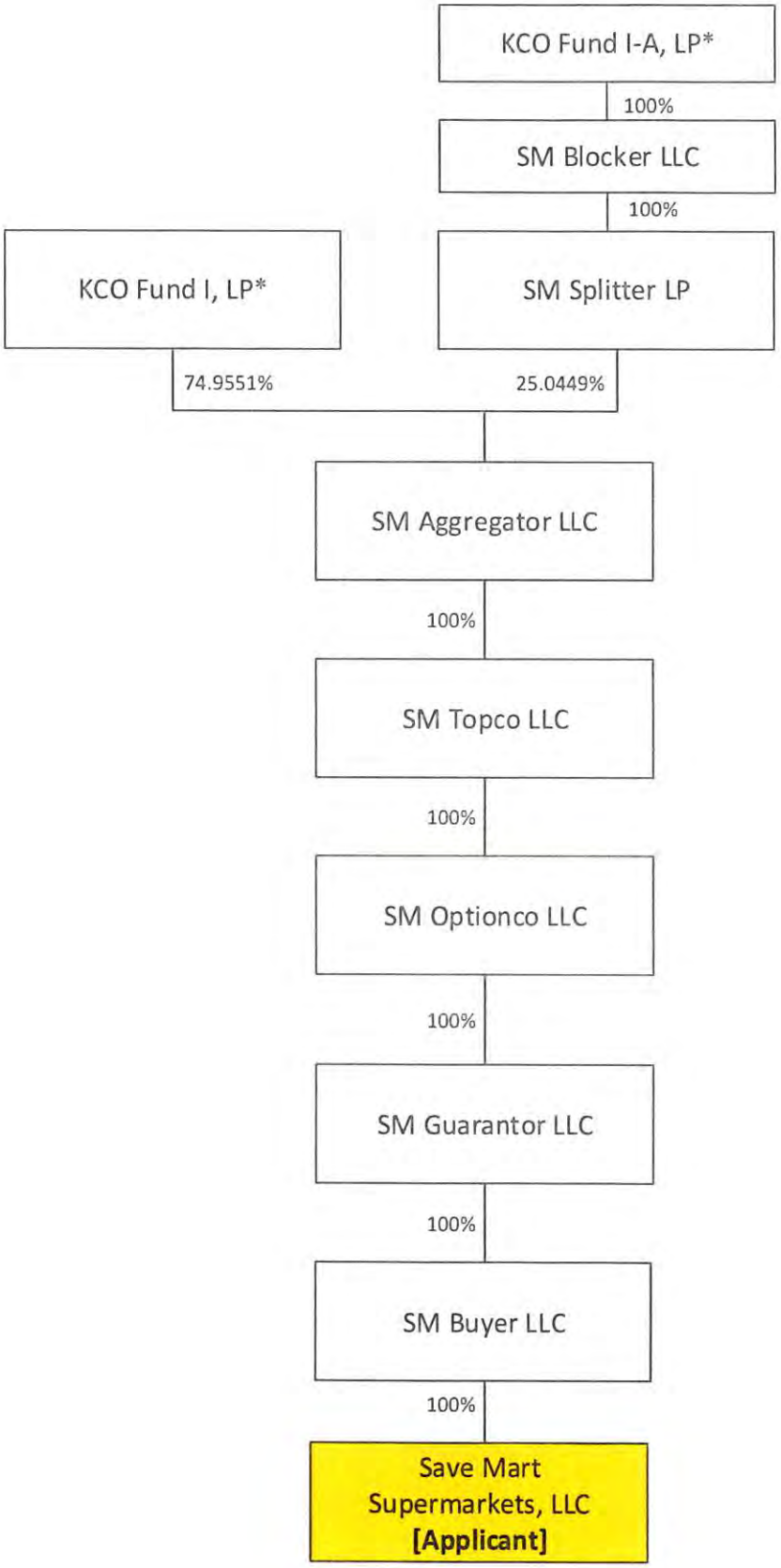
Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

Save Mart Supermarkets
Corporate Structure Post Closing

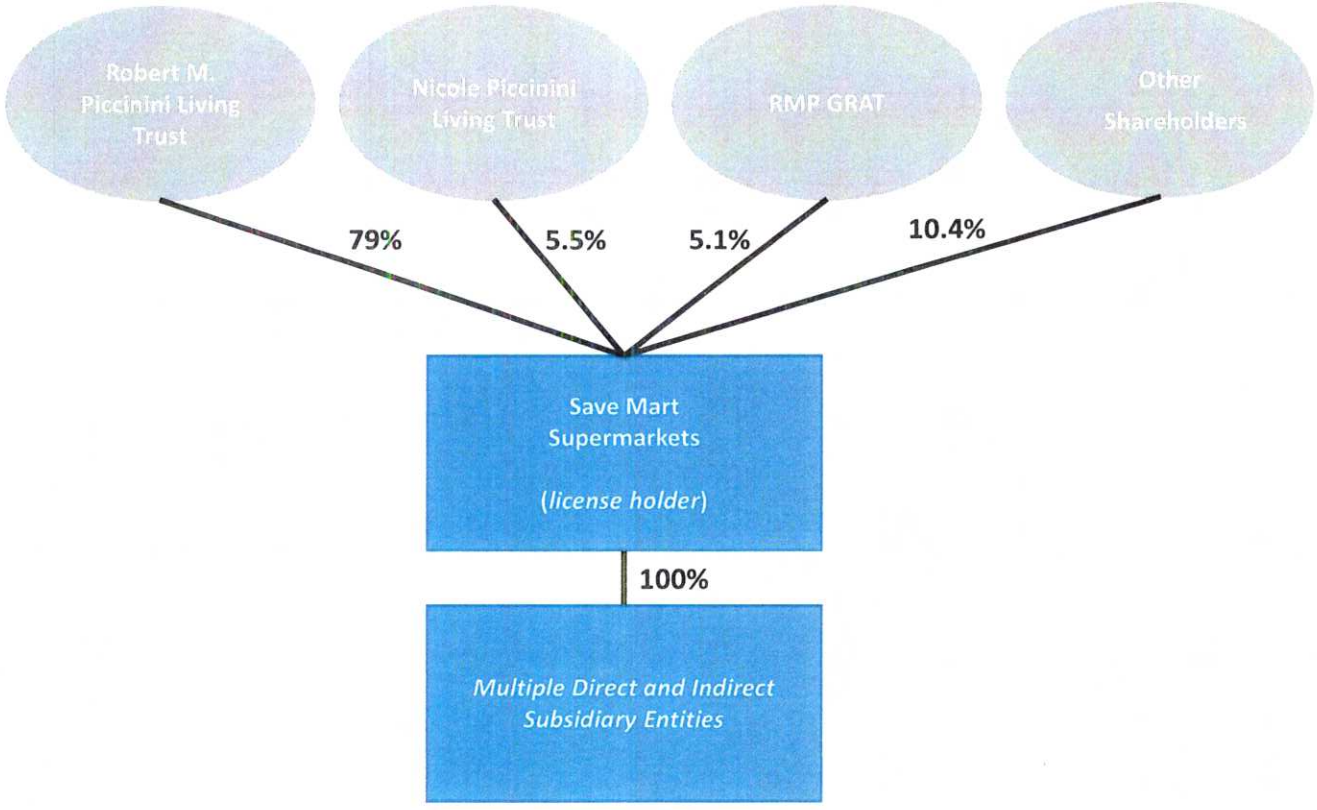
CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT
AND SIMILAR STATE REQUESTS

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N **(2001)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Dated 11/29/2021

Christopher W. McGarry, Chief Executive Officer

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** **[redacted] N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
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Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO **[redacted]N. Cypress Ave.** **Clovis, CA 93611**	**ACCUSATION**
Pharmacy Technician License No. 67617,	
SAVE MART SUPERMARKET #98 **1835 East Herndon Ave.** **Clovis, CA 93611**	
Pharmacy Permit No. PHY 55306,	
SAVE MART SUPERMARKET #651 **5750 N. First St.** **Fresno, CA 93710**	
Pharmacy Permit No. PHY 55359,	
and	
SAVE MART SUPERMARKET #52 **2179 Shaw Ave.** **Clovis, CA 93611**	
Pharmacy Permit No. PHY 55317	
Respondents.	

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Santiago SaveMart Acc Final.docx

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
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Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** [redacted] N. Cypress Ave. Clovis, CA 93611 **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

****

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

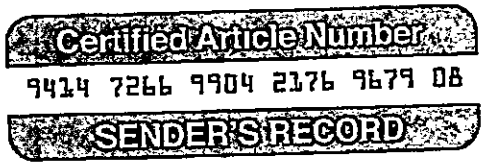
Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: **7041**

I declare:

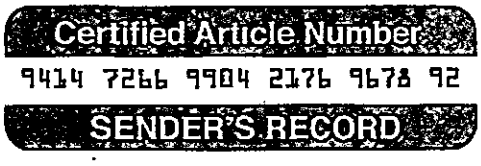
I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

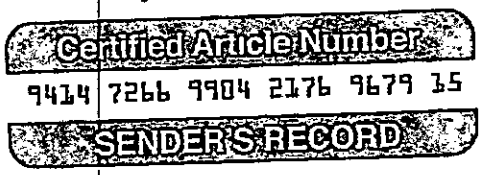
Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail



California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

J. Williamson
Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 22nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $960.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] **Certificate of Registration #PH1037,** — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (l).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (l).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (l) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (l) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 96-053-PH-N

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No. PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 8:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 8th day of April, 1997.

Larry L. Pinson, President

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?
■ Nevada
☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01291	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Save Mart Pharmacy #559

Physical Address: 9750 Pyramid Lakes Highway

City: Reno State: NV Zip: 89436

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (775) 425-2727 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775) 425-2767 Contact Email: 559Rx@SaveMart.com

Website: savemart.com

Nevada Business License # (if applicable) NV19811002925

Supervising/Managing Pharmacist Name (NRS 639.220): Nicole Shepherd

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15453

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: NICOLE SHEPHERD	NV Pharmacist Registration #: 15453
Name: GRACE GARCIA	NV Pharmacist Registration #: 20219
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): SM Buyer LLC

Corporation/Organization Name: Save Mart Supermarkets, LLC

Mailing Address: 1800 Standiford Ave.

City: Modesto State: CA Zip: 95350

Telephone: 209-574-6220 Email: robert.vaughan@savemart.com

Contact Person Name: Robert Vaughan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #559 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Christopher W. McGarry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/29/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher W. McGarry hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Save Mart Pharmacy #559 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of November, 20 21

See attached
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus }

On 11/24/2021 (Date) before me, Sheila Smith Notary Public, (Here Insert Name and Title of the Officer)

personally appeared Christopher McGarry (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHEILA SMITH
Notary Public - California
Stanislaus County
Commission # 2236797
My Comm. Expires Apr 2, 2022

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator	☐ Trustee ☐ Guardian of Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2017 National Notary Association

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicole Shepherd Pharmacist Registration #: 15453

Pharmacy Name: Save Mart Pharmacy #559

Initial each statement below to indicate you have read and agree with the following:

ND I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ND I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ND I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ND I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ND I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

11-20-2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. McGarry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

11/24/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check #1014955

Processed 12/9/21

Save Mart Supermarkets Ownership Information
Store Numbers 551, 552, 553, 554, 555, 556, and 559

NV License Numbers PH01036, PH01712, PH01037, PH00877, PH01027, PH00996, and PH01291

List of Officers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry, President and Assistant Secretary
2. Ali Sadiq, Vice President and Secretary

List of Board of Managers of Save Mart Supermarkets, LLC

1. Christopher W. McGarry (Manager)

Ownership of Save Mart Supermarkets, LLC

Upon the transaction closing on or around February 22, 2022, Save Mart Supermarkets, LLC will become a wholly owned subsidiary of SM Buyer LLC. There are no other members of Save Mart Supermarkets, LLC nor any other members or partners that hold 10% or more of the membership interest of Save Mart Supermarkets, LLC.

The top level entities in the corporate structure are Kingswood Capital Opportunities Fund IA, LP (25.0449%) and Kingswood Capital Opportunities Fund I, LP (74.9551%), which are comprised solely of passive investors with no control over day-to-day operations of Save Mart Supermarkets, LLC. The partners of each of these top level entities follow:

Kingswood Capital Opportunities Fund I-A , LP ("KCO Fund I-A, LP")
The General Partner of KCO Fund I-A, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I-A, LP are:

- The Dennis and Phyllis Washington Foundation, Inc (17.37%)
- GCM Yokozuna SS Unit Trust (52.12%)
- Community Health Network, Inc. (12.16%)

Kingswood Capital Opportunities Fund I, LP ("KCO Fund I, LP")
The General Partner of KCO Fund I, LP is Kingswood Capital Opportunities Fund I GP, LP.

The Limited Partners that hold 10% or more of the interest in KCO Fund I, LP are:

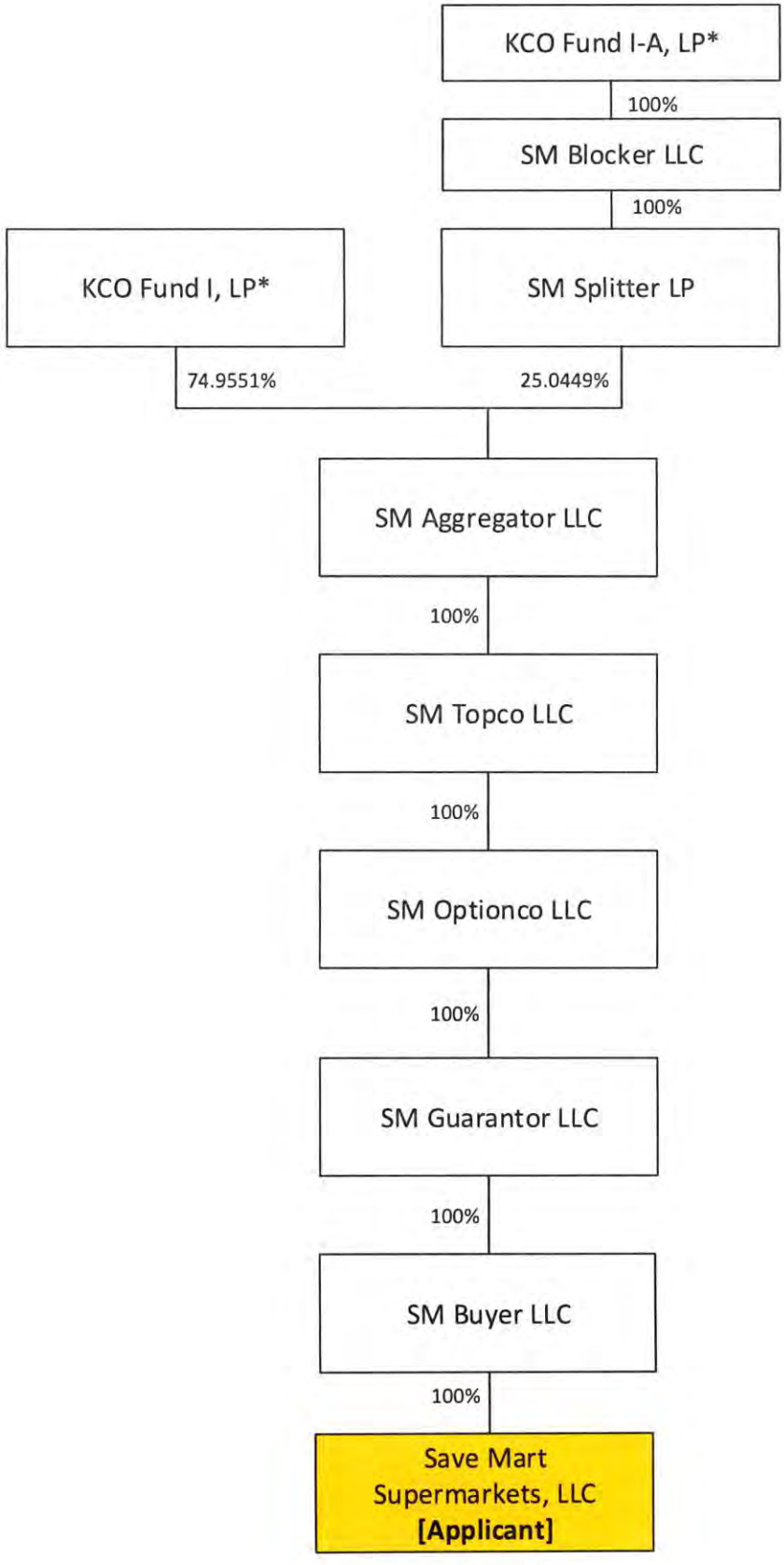
- GCM Grosvenor DEM III, L.P. (20.32%)
- GEF-TRPE, LP (14.32%)

- YIELCO Special Situations II SCS, SICAV-RAIF (16.72%)
- GCM Grosvenor NYC Emerging OFI Managers, L.P. (2020-1 Investment Series) (17.41%)

Please see the attached post-closing Corporate Organization chart for reference.

Save Mart Supermarkets
Corporate Structure Post Closing

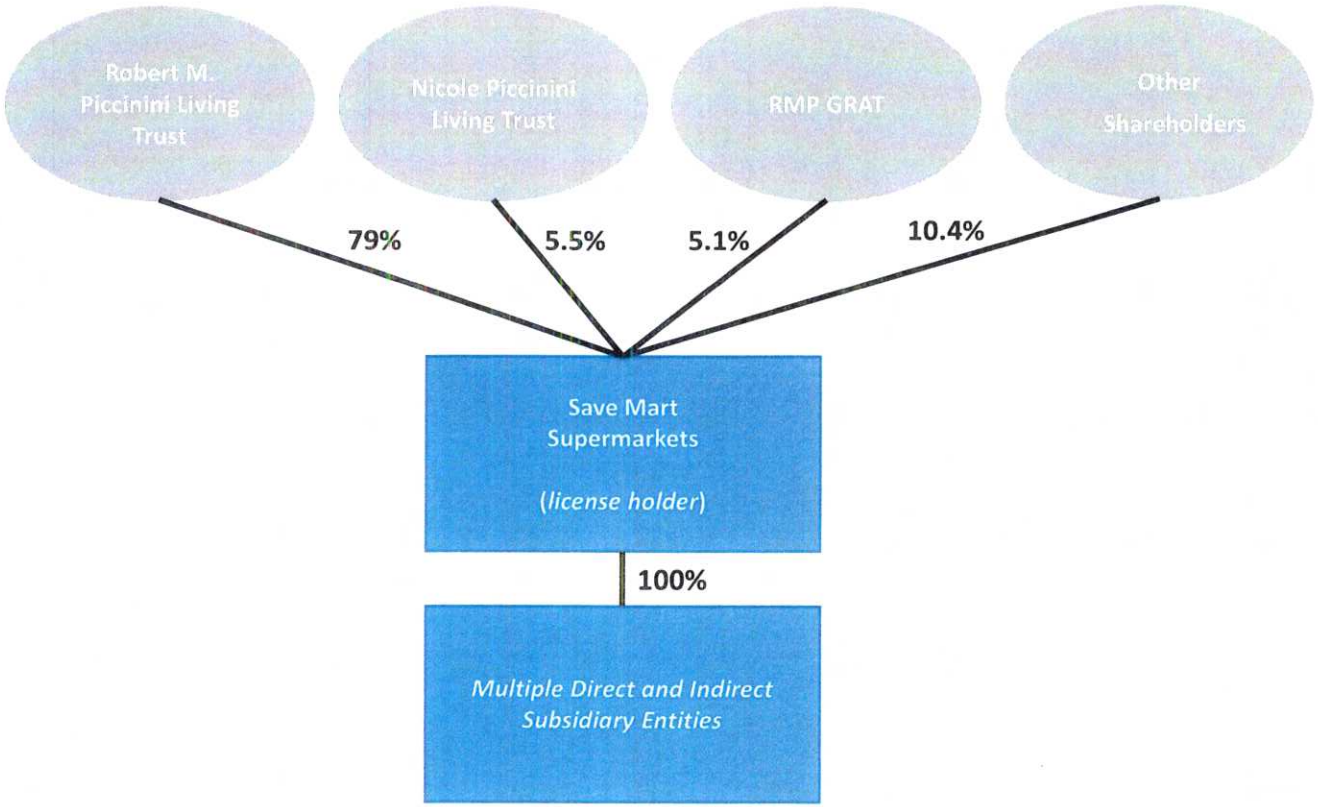
CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS



* The KCO Funds have no individual owners that directly or indirectly comprise 10% or more of the partnership interest nor do they have power over day to day operations of the Applicant.

CONFIDENTIAL
EXEMPT FROM FREEDOM OF INFORMATION ACT
AND SIMILAR STATE REQUESTS

Pre-close Save Mart Organizational Structure for Pharmacy Licensing Applications



Attachment 3

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	SAVE MART SUPERMARKETS
File Number:	C0274584
Registration Date:	05/21/1953
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 29, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9KVMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Save Mart Supermarkets
Change of Ownership Applications

Discipline Information

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

California Pharmacies

California Case No. 7041, Pending Action (August 2021)

- Save Mart Supermarkets #98, PHY 55306
- Save Mart Supermarkets #651, PHY 55356
- Save Mart Supermarkets #52, PHY 55317
- Pharmacy Technician Rogelio Santiago (Pharmacy Technician Licence No. 67617)

Pending discipline charges resulting from reports of lost or stolen drugs at Save Mart Supermarkets #98, #651, and #52.

Nevada Pharmacies

Save Mart Supermarkets #551, Carson City, Nevada, Nevada License No. **PH1036**
Nevada Case No. 11-068-PH-N **(2012)**
The pharmacy was fined $601.90 and required to participate in Nevada's Your Success Rx Program for unprofessional conduct.

Discipline from Ownership prior to Save Mart Supermarkets:

Save Mart Supermarkets #553, Reno, Nevada, Nevada License No. **PH1037**

- Nevada Case No. 00-073B-PH-N **(2000)**. Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1200 for violations of labeling and counseling regulations.
- Nevada Case No. 01-019C-PH-N (**2001**). Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1592 and ordered to report corrective measures regarding work flow, staffing, and accuracy of pharmacy practices to the Board.

Save Mart Supermarkets #554, Reno, Nevada, Nevada License No. **PH0877**
Nevada Case No. 96-053-PH-N **(1997)**
Prior to Save Mart Supermarkets ownership, the pharmacy was fined $1000 for access to the pharmacy by non-pharmacist personnel.

Save Mart Supermarkets #556, Reno, Nevada, Nevada License No. **PH0996**
Nevada Case No. 99-010A-RPH-N **(2000)**

Prior to Save Mart Supermarkets ownership, the pharmacy was fined $590 for violations of supervision, dispensing and counseling regulations.

Christopher W. McGarry, Chief Executive Officer

Dated 11/29/2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** [redacted] **N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Andrew M. Steinheimer, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Andrew M. Steinheimer
Deputy Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, California 94244-2550

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, Attn: General Jurisdiction, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833-4231, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Andrew M. Steinheimer at the earliest opportunity.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/s/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
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P.O. Box 944255
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Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 7041
ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611	ACCUSATION
Pharmacy Technician License No. 67617,	
SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611	
Pharmacy Permit No. PHY 55306,	
SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710	
Pharmacy Permit No. PHY 55359,	
and	
SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611	
Pharmacy Permit No. PHY 55317	
Respondents.	

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about May 25, 2006, the Board issued Pharmacy Technician License Number 67617 to Rogelio Santiago (Respondent Santiago). The Pharmacy Technician License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

3. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55306 to Save Mart Supermarket #98 (Respondent Save Mart #98). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

4. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55359 to Save Mart Supermarket #651 (Respondent Save Mart #651). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

5. On or about December 15, 2016, the Board issued Pharmacy Permit Number PHY 55317 to Save Mart Supermarket #52 (Respondent Save Mark #52). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on December 1, 2022, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper . . .

8. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug . . . to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

10. Code section 4059, subdivision (a), states, in pertinent part:

A person may not furnish any dangerous drugs, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, pursuant to Section 3640.7.shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

...

11. Code section 4060 states:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

...

12. Code section 4081, subdivision (a), states:

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187 , clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

13. Health and Safety Code section 11173, subdivision (a), states:

No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

REGULATORY PROVISIONS

14. Title 16, California Code of Regulations section 1714, subdivision (b), states:

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

15. Title 16, California Code of Regulations section 1718 states:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

COST RECOVERY

16. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Phenergan with codeine is the brand name for promethazine with codeine which is designated a Schedule V controlled substance by Health and Safety Code section 11058 and is a dangerous drug pursuant to Code section 4022.

18. Adipex-P is the brand name for phentermine which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

19. Xanax is the brand name for alprazolam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

20. Ativan is the brand name for lorazepam which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

21. Ultram is the brand name for tramadol which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

22. Ambien is the brand name for zolpidem which is designated a Schedule IV controlled substance by Health and Safety Code section 11057 and is a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

23. On June 30, 2020 and July 10, 2020, the Board received three DEA-106 *Reports of Theft or Loss of Controlled Substances* from Save Mart Pharmacies due to an employee stealing dangerous drugs/controlled substances. The *Reports of Theft or Loss of Controlled Substances* indicated that numerous drugs from three Save Mart pharmacies were missing including promethazine with codeine, phentermine, alprazolam, lorazepam, tramadol, and zolpidem. The losses were discovered through a periodic reconciliation of controlled substances.

24. Save Mart #52 reported the following drugs were lost or stolen: 5,553 ml of promethazine with codeine and 3,536 tablets of phentermine 37.5 mg.

25. Save Mart #98 reported the following drugs were lost or stolen: 3,266 tablets of alprazolam 2 mg, 975 tablets of lorazepam 1 mg, 4,136 tablets of phentermine 37.5 mg, 490 tablets of tramadol 50 mg, 1,088 tablets of zolpidem 10 mg, and 17,886 ml of promethazine with codeine.

26. Save Mart #651 reported the following drugs were lost or stolen: 7,840 tablets of alprazolam 2 mg, 5,900 tablets of phentermine 37.5 mg, 19,804 ml of promethazine with codeine.

27. Respondent Santiago was interviewed on July 6, 2020, by three employees of Save Mart. During the interview, Respondent Santiago admitted that he stole tramadol, phentermine and promethazine with codeine. Respondent Santiago admitted to pouring the pills in his pocket, discarding the bottles and shredding the invoices for the drugs he took. Respondent Santiago said that he stole the drugs to help him deal with alcohol and anxiety issues. This interview was documented in a Save Mart Internal Theft Case Report prepared by Save Mart Loss Prevention Manager JC and confirmed by a summary of the interview prepared by Store Manager GB and notes prepared by Loss Prevention Manager BR.

RESPONDENT ROGELIO SANTIAGO

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Moral turpitude, dishonesty, fraud, deceit or corruption)

28. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (f), in that he committed acts involving moral

turpitude, dishonesty, fraud, deceit, or corruption when he unlawfully procured and possessed controlled substances taken from his employer, including but not limited to tramadol, phentermine and promethazine with codeine as described above in paragraphs 23 through 27.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Unlawfully obtaining controlled substances)

29. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Health and Safety Code section 11173, subdivision (a), by unlawfully obtaining controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional conduct – Possession of controlled substances)

30. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivisions (j) and (o), in that Respondent Santiago violated Code section 4060 by unlawfully possessing controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described in paragraphs 23 through 27.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Furnishing drugs without valid prescription)

31. Respondent Santiago is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (j) and (o), in that Respondent Santiago violated Code section 4059 by unlawfully furnishing dangerous drugs to himself without a valid prescription. Respondent Santiago furnished tramadol, phentermine and promethazine with codeine to himself without a prescription as described in paragraphs 23 through 27.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Self-administering controlled substance)

32. Respondent committed unprofessional conduct under Code section 4301, subdivision (h), by unlawfully self-administering controlled substances, including but not limited to, tramadol, phentermine and promethazine with codeine as described above in paragraphs 23

through 27.

RESPONDENT SAVE MART #98

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

33. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep a current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

34. Respondent Save Mart #98 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #98 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #98, as described above in paragraphs 23, 25 and 27.

RESPONDENT SAVE MART #651

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

35. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 2, 26 and 27.

NINTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

36. Respondent Save Mart #651 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #651 violated Title 16, California

Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #651, as described above in paragraphs 23, 26 and 27.

RESPONDENT SAVE MART #52

TENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to keep current inventory)

37. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivision (j) and (o), in that Respondent Save Mart #52 violated Code section 4081, subdivision (a), and Title 16, California Code of Regulations section 1718, and failed to keep current inventory when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

ELEVENTH CAUSE FOR DISCIPLINE

(Unprofessional conduct – Failure to secure drugs)

38. Respondent Save Mart #52 is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in that Respondent Save Mart #52 violated Title 16, California Code of Regulations section 1714, subdivision (b), and failed to maintain its facilities so that drugs are properly secured and distributed when Respondent Santiago diverted controlled substances while working at Save Mart Pharmacy #52, as described above in paragraphs 23, 24 and 27.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician License Number 67617, issued to Rogelio Santiago;

2. Revoking or suspending Pharmacy Permit Number PHY 55306, issued to Save Mart Supermarket #98;

3. Revoking or suspending Pharmacy Permit Number PHY 55359, issued to Save Mart Supermarket #651;

4. Revoking or suspending Pharmacy Permit Number PHY 55317, issued to Save Mart Supermarket #52;

5. Ordering Rogelio Santiago, Save Mart Supermarket #98, Save Mart Supermarket #651, and Save Mart Supermarket #52 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/29/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.29 13:44:30 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Attorney General of California
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ANDREW M. STEINHEIMER
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Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROGELIO SANTIAGO** [redacted] **N. Cypress Ave.** **Clovis, CA 93611** **Pharmacy Technician License No. 67617,** **SAVE MART SUPERMARKET #98** **1835 East Herndon Ave.** **Clovis, CA 93611** **Permit No. PHY 55306,** **SAVE MART SUPERMARKET #651** **5750 N. First St.** **Fresno, CA 93710** **Permit No. PHY 55359,** **and** **SAVE MART SUPERMARKET #52** **2179 Shaw Ave.** **Clovis, CA 93611** **Permit No. PHY 55317** Respondents.	Case No. 7041 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1)

contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

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Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: August 3, 2021

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

/S/ANDREW M. STEINHEIMER

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROGELIO SANTIAGO [redacted] N. Cypress Ave. Clovis, CA 93611 Pharmacy Technician License No. 67617, SAVE MART SUPERMARKET #98 1835 East Herndon Ave. Clovis, CA 93611 Permit No. PHY 55306, SAVE MART SUPERMARKET #651 5750 N. First St. Fresno, CA 93710 Permit No. PHY 55359, and SAVE MART SUPERMARKET #52 2179 Shaw Ave. Clovis, CA 93611 Permit No. PHY 55317 Respondents.	Case No. 7041 NOTICE OF DEFENSE (Gov. Code §§ 11505 and 11506)

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This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

Date:
Print Your Name:
Your Signature:
Respondent's Mailing Address:

Phone:
E-mail

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name
Counsel's Mailing Address

Phone:
E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Rogelio Santiago**
Case No.: 7041

I declare:

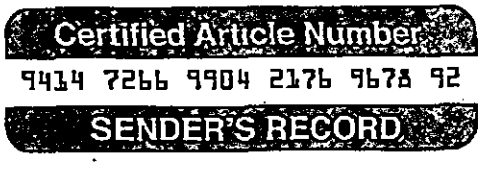
I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On August 4, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2 BLANK COPIES); COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

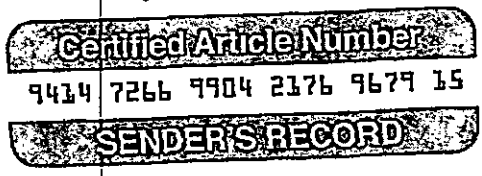
Rogelio Santiago
[redacted] N. Cypress Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #98
Licensee-Pharmacy
1835 East Herndon Ave.
Clovis, CA 93611
Via Certified Mail



Save Mart Supermarket #52
Licensee-Pharmacy
2179 Shaw Ave.
Clovis, CA 93611
Via Certified Mail



California State Board of Pharmacy – Sacramento
Janeil Hogue
janeil.hogue@dca.ca.gov
Courtesy Copy via Email

Save Mart Supermarket #651
Licensee-Pharmacy
5750 N. First St.
Fresno, CA 93710
Via Certified Mail

Certified Article Number

9414 7266 9904 2176 9679 22

SENDER'S RECORD

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on August 4, 2021, at Sacramento, California.

Jacqueline Williamson
Declarant

Signature

SA2020303766
35345809.docx

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2012 in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Robert Mai represented himself and Robert Vaughan Sr., Director of Pharmacy represented Respondent Save Mart Pharmacy #551. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. Board staff presented the sworn testimony of Bernadette Nieto, Joseph J. Depczynski and Kim Bratton. Respondents testified on their own behalf. Based upon the presentation of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. The Respondents did not contest that Reana Sallee was dispensed 90 tablets of 600 mg gemfibrozil instead of 90 tablets of 600 mg. gabapentin as prescribed by her

physician. Ms. Nieto testified that she had picked up the refill of her daughter's medication. Ms. Nieto testified that when she arrived at Save Mart #551 to pick up the prescription the prescription was not ready and the pharmacy staff hurried to fill the prescription. Ms. Nieto testified that she paid for the prescription and left the pharmacy. Ms. Nieto testified that within days of ingesting the medication Reana started to have more frequent seizures. During a seizure Reana fell and hit her head and Ms. Nieto took her to her physician where it was discovered that Reana had been dispensed the gemfibrozil instead of the gabapentin. Ms. Nieto then contacted the pharmacy and told them about the error in her Reana's medication. The pharmacy staff was very attentive to her needs and sympathetic that her daughter had suffered from their mistake.

3. Board Staff presented the testimony of Joseph J. Depczynski, Inspector/Investigator for the Board, who investigated the misfill of Reana's prescription which included interviewing Respondent Mai, pharmaceutical technician Kim Bratton, who was involved in the error, as well as Ms. Nieto. Mr. Depzynski identified the exhibits he collected in his investigation and testified that Kim Bratton had been given the override code by Respondent Mai. Ms. Bratton entered the NDC code for the gemfibrozil and a generic substitution warning came up that she overrode using Respondent Mai's override code. Investigator Depczynski testified that Respondent Mai did not notice that the label and the pills in the bottle were not the same medication and he put a green label on the bottle indicating that the drug may look different but the medication is the same. He then dispensed the gemfibrozil to Reana instead of the gabapentin as prescribed. Mr. Depczynski testified that since the incident the pharmacy has moved the look alike/sound alike drugs to different parts of the pharmacy and use another generic manufacturer so the stock bottles do not look alike.

4. Board Staff presented the testimony of Kim Bratton, who has 14 years experience as a pharmaceutical technician and has worked with Respondent Mai for four years. Ms. Bratton testified that she recalled filling the prescription because Ms. Nieto was waiting. When asked whether Ms. Bratton knew what a GPI warning was she stated that it meant that something did not match. Ms. Bratton acknowledged that she may not have given Respondent Mai any of the override information that was generated when she processed the prescription when she gave it to Respondent Mai for verification because she was in a hurry. Ms. Bratton testified that she had used Respondent Mai's security code and used it to override the system to process the prescriptions even though she knew she should not have it. Ms. Bratton acknowledged that she should have printed the DUR screen for Respondent Mai to review, but she did not, again because she was in a hurry.

5. Respondents made statements of explanation and mitigation. Mr. Vaughn testified that Save Mart is committed to patient safety and that after this incident happened Save Mart has modified their computer system so that a pharmacist cannot override the GPI warning and pharmacists are strictly forbidden to share security codes with pharmaceutical technicians.

6. Mr. Mai testified that at the time the error occurred the Save Mart system did not have a scanning system in place and all NDC codes were input by hand. Mr. Mai indicated that the system has been corrected so that GPI warnings cannot be overridden, but he testified that he sees so many repetitive alerts that he has become immune to them and finds it is distracting to go back and forth from what he is working on to a pharmaceutical technicians workstation to override an alert which is why he shared his security code with Ms. Bratton.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mai is a pharmacist licensed by the Board and Save Mart #551 is a pharmacy licensed by the Board.

2. In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

4. In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfirozil, Save Mart #551 vviolated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Mai shall pay a combined fine of $2,000.00 for having been found guilty of the First and Second Causes of Action. Mr. Mai shall pay the entire fine by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Save Mart #551 for having been found guilty of the Third Cause of Action, shall within 10 days of the effective date of this Order, shall contact the Your Success Rx Program to enroll Save Mart #551 in its remediation program (hereinafter "the

program") according to the terms and conditions imposed by the program, shall cooperate fully and genuinely with the needs, demands and requirements of the program and shall pay the costs of the program at their own expense. When Save Mart #551 has completed the program, the program will submit a final report regarding its participation in the program to the Board's staff. Board staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board staff determines to set the item on the Board's agenda, the managing pharmacist may be required to appear on behalf of Save Mart #551 to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board

3. Save Mart #551 for having been found guilty of the Third Cause of Action, shall pay the Board's costs and fees. The total investigative fees and costs are $306.90 and the Board's administrative fee of $295.00, for a total of $601.90. Save Mart #551 will pay $601.90 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The failure by Mr. Mai or Save Mart #551 to comply with any term in this order shall result in the immediate suspension of their license and will also result in further discipline, up to and including revocation of the their license.

Signed this 22nd day of June 2012.

Beth Foster, RPh

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee's gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,

Case No. 11-068-PH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2012.

_____
type or print name

_____
for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DANIEL J. BOUZEK, R.PH, Certificate of Registration No. 11250,

Case No. 00-073A-RPH-N

ALBERTSON'S PHARMACY #149, Certificate of Registration No. PH1037;

Case No. 00-073B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Daniel J. Bouzek, is a registered pharmacist with the Board (Certificate of Registration Number 11288).

B. Respondent Albertson's Pharmacy (Albertson's #149) is a registered pharmacy with the Board (Certificate of Registration Number PH1037), located at 525 Keystone Avenue, Reno, Nevada.

II.

On or about July 31, 2000,Patient S took a prescription to Albertson's #149 for Wellbutrin 150mg, 180 tablets with directions to take one tablet in the morning and one tablet at bedtime. Respondent Bouzek filled the prescription with Wellbutrin 100 mg 60 tablets. Patient S ingested the incorrectly filled prescription for approximately 60 days.

III.

Mr. Bouzek labeled a stock bottle of Wellbutrin 100 mg tablets with a printed label that indicated Wellbutrin 150 mg tablets. The stock bottle of Wellbutrin 100 mg tablets indicated an expiration date of 01/01. The label on the prescription bottle indicated an expiration date of 7/25/01.

IV.

Patient S had not had a prescription for Wellbutrin filled at Albertson's #149 and Patient S was not counseled when she picked up her prescription.

FIRST CAUSE OF ACTION

V.

In incorrectly dispensing a prescription drug and failing to follow the directions of the practitioner that wrote the prescription, Respondent Bouzek violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

By labeling the prescription with an expiration date that was six months longer than the manufacturers expiration date, Respondent Bouzek violated NRS 639.208(6).

THIRD CAUSE OF ACTION

VII.

In failing to counsel Patient S regarding her new prescription for Wellbutrin, Mr. Bouzek violated NRS 639.210(4) and 639.266 and NAC 639.707(1) and (3), 639.708(1) and (2) and 639.945(1)(i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Albertson's #149 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 6th day of November, 2000.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

Case No. 00-073B-PH-N

ALBERTSON'S PHARMACY #149
Certificate of Registration No. PH1037

Respondent.

The Nevada State Board of Pharmacy and Respondent Albertson's Pharmacy #149, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $960.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $250.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

November 27, 2000
DATED

R. Bruce Gordon - Director, Litigation & Pharmacy Law
type name

R. Bruce Gordon
for Albertson's Pharmacy #149

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 8th day of December, 2000.

12/14/00
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DANIEL J. BOUZEK, R.Ph., Certificate of Registration #11288, — **Case No. 01-019A-RPH-N**

DONALD P. WACHSMAN, R.Ph., Certificate of Registration #11953, — **Case No. 01-019B-RPH-N**

[redacted] **Certificate of Registration #PH1037,** — **Case No. 01-019C-PH-N**

SHEILA E. JANI, R.Ph., Certificate of Registration #14913, — **Case No. 01-019D-RPH-N**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 13, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel. The Respondents were represented by Brian Sandoval. Based on the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Virginia Harvey, Margaret Luckett, and Catherine Ferrando. The Respondents presented the testimony of Daniel Bouzek, Mark Johnston, Rich Mazzone, and Donald Wachsman. The parties also stipulated to the entry into evidence of one exhibit. Based upon the testimony and evidence presented at hearing and the public records in the possession and control of

the Board, the Board finds the following to be the facts of this matter.

2. On July 3, 2000, Mrs. Luckett called her physician, Dr. Kristen Laxalt, and requested refills of several prescriptions that Dr. Laxalt had written for Mrs. Luckett. One of the prescriptions was for clonidine HCL 0.1 mg. #30 (Rx #100592). Thereafter, an agent of Dr. Laxalt spoke with Mr. Bouzek regarding the refills requested by Mrs. Luckett. Mr. Bouzek made a "telephoned prescription" record of the conversation on which he recorded: "clonazepam 0.1, #60, sig 1 Bid." At hearing, Mr. Bouzek attempted to explain that he wrote "clonazepam" because he claimed that he had been told by Dr. Laxalt's agent that the prescription was for Klonapin, but Ms. Harvey testified that neither Klonapin nor clonazepam appeared in Dr. Laxalt's records. Mr. Bouzek's explanation belies his own recordation of "clonazepam 0.1," since clonazepam does not come in a 0.1 mg. strength, and his explanation that he added the "0." when he discovered the error was belied by a review of the original prescription and common practice by pharmacists. We cannot and do not find Mr. Bouzek's explanation to be credible.

3. Later on July 3, 2000, Mr. Bouzek created a new prescription for Mrs. Luckett (Rx #102710) for clonazepam 1 mg. #60. Mr. Bouzek subsequently filled Rx #102710 with clonazepam 1 mg. #60.

4. Mrs. Luckett's prescription profile did not show any previous prescriptions for clonazepam, though it did show the previous prescription for clonidine HCL. Clonazepam is unavailable in a 0.1 mg. strength, but clonidine HCL is.

5. Mrs. Luckett picked up her prescriptions on July 3, 2000 and took them home. Because she believed the prescriptions all to be refills of drugs she had previously

received, Mrs. Luckett declined counseling when it was attempted by Rolf Zarkizian, the managing pharmacist for Albertsons #149. Once home, she discovered that she had a prescription for clonazepam, not clonidine HCL. Mrs. Luckett contacted Dr. Laxalt's office and was told not to take any of the clonazepam and, instead, to return to the pharmacy because Dr. Laxalt's office would call the pharmacy and make sure that the pharmacy filled the prescription for clonidine HCL, not clonazepam.

6. Albertsons #149 was closed on July 4, 2000 for the Independence Day holiday. On July 5, 2000, Mr. Bouzek spoke with Virginia Harvey from Dr. Laxalt's office regarding the correction of Mrs. Luckett's clonazepam to change it to clonidine HCL 0.1 mg. Mr. Bouzek recorded on a "telephoned prescription" record, "clonidine .1 mg. #60 sig 1 Bid."

7. Though he had recorded the drug as clonidine HCL 0.1 mg., Mr. Bouzek created a computer prescription record (Rx #102810) for clonidine HCL 0.2 mg. #60. Mr. Bouzek filled and dispensed the prescription to Mrs. Luckett with the clonidine HCL 0.2 mg., not the 0.1 mg. ordered by Dr. Laxalt. At hearing, Mr. Bouzek testified that he had made a second telephone call to Ms. Harvey to clarify whether Dr. Laxalt had intended clonidine HCL 0.1 mg. or 0.2 mg., since Mrs. Luckett's profile showed that Mrs. Luckett had always previously received clonidine HCL 0.1 mg. Mr. Bouzek testified that Ms. Harvey confirmed that Dr. Laxalt had, in fact, intended clonidine HCL 0.2 mg., so Mr. Bouzek created a computer record and label for clonidine HCL 0.2 mg. Ms. Harvey denied having a second telephone conversation with Mr. Bouzek and testified that Dr. Laxalt's records do not show a change from clonidine HCL 0.1 mg. to 0.2 mg. on July 5, 2000. Because Mr. Bouzek's testimony and demeanor appeared

incredible -- particularly his jumbled explanation regarding the "rewrite" prescription, the "telephone prescription," and the computer-generate labels on the backs of each -- and because the physical facts corroborate Mrs. Luckett's and Mrs. Harvey's relation of events, we find that Mr. Bouzek incorrectly and negligently filled with clonidine HCL 0.2 mg. the order he had correctly transcribed as clonidine HCL 0.1 mg.

8. Mrs. Luckett took the clonidine HCL 0.2 mg. from July 2000 to the present. Mrs. Luckett discovered that she had been taking clonidine HCL 0.2 mg. when she sought to refill the prescription at the end of July 2000. Fortunately, the incorrect dose had, in fact, been therapeutic for Mrs. Luckett. Thereafter, Dr. Laxalt authorized that Mrs. Luckett continue on clonidine HCL 0.2 mg., rather than the clonidine HCL 0.1 mg. that Dr. Laxalt had actually ordered.

9. On February 2, 2001, Mrs. Luckett ordered refills from Albertsons #149 of various prescriptions for herself and Mr. Luckett, including a refill of a prescription for Mr. Luckett for acetaminophen/COD 3 #100 (Rx #114544). Mr. Wachsman, a "floater" pharmacist for Albertsons, was working as the staff pharmacist at Albertsons #149 on February 2, 2001 and was the pharmacist responsible for the filling of Mr. and Mrs. Luckett's refill prescriptions, including Mr. Luckett's prescription for acetaminophen/COD 3.

10. Mrs. Luckett picked up the refilled prescriptions on February 5, 2001. When she got the prescriptions home, she and Mr. Luckett discovered that his prescription #114544 contained 15 small pink pills, not 100 of the larger white tablets that should have been in the vial. Mr. Luckett did not ingest any of the incorrect tablets. When Mrs. Luckett took the incorrectly filled prescription #114544 back to Albertsons #149, it

was discovered that prescription #114544 had been filled with 15 estropipate.

11. At hearing, Mr. Wachsman speculated that his pharmaceutical technician had filled two prescriptions at the same time, one for Mr. Luckett for the acetaminophen/COD 3 and another as a refill for a female patient for estropipate. Mr. Wachsman believed that he simply placed the two labels on the wrong vials. He could not explain why he did not observe the size of the tablets and vials on which he had placed the labels incorrectly, since he acknowledged that the tablets were very different in size and color and the vials should have been different in size.

12. Mr. Wachsman explained the scan verification system in use at Albertsons pharmacies. He explained that all prescriptions are to be scan verified during the filling process to verify that the bar code on the prepared prescription label matches the bar code on the stock bottle. Mr. Wachsman also explained that there should have been a final scan verification of the prescription by the clerk or technician before it was dispensed to the patient. If the second scan verification showed that the prescription had not been scan verified during the filling process, then the computer system would generate an alarm so that the prescription could be checked again by a pharmacist. Unfortunately, no first or second scan verification was performed on Mr. Luckett's acetaminophen/COD 3 prescription before it was dispensed to Mrs. Luckett, so no alarm sounded that the prescription had not been properly scan verified during the filling process.

13. On February 7, 2001, Ms. Jani transcribed on a "telephoned prescription" document a transfer of a prescription for Adalat 30 mg. #30 for Mrs. Ferrando. A pharmaceutical technician entered the transferred prescription into the computer of

Albertsons #149, but when the technician selected the tablets to fill the prescription, she filled Mrs. Ferrando's prescription with nifedipine 60 mg. rather than 30 mg. Ms. Jani filled Mrs. Ferrando's prescription with the incorrect strength and dispensed it to Mrs. Ferrando. In a written statement, Ms. Jani explained that she scan-verified the prescription before dispensing it to Mrs. Ferrando, but because she did not check the prescription label against the transcribed transfer document, she did not catch that the strength of nifedipine was incorrect.

14. Mrs. Ferrando testified that she received a voucher from a Catholic Church organization and that the voucher was intended to assist her to pay for her prescription medications. Mr. Bouzek explained that he had assisted Ms. Jani with the entry of the prescription into Albertsons #149's computer system because Ms. Jani was not a pharmacist regularly employed by Albertsons, so she was unfamiliar with Albertsons' computer system and policies and procedures. Mr. Bouzek attempted to maximize Mrs. Ferrando's voucher by using part of the voucher to cover Mrs. Ferrando's co-pay on 30 of the nifedipine tablets and to pay cash for an additional eight of the tablets. Thereby, Albertsons #149 dispensed 38 nifedipine tablets rather than the 30 ordered by Mrs. Ferrando's physician. Mrs. Jani provided the Board with a written statement in which she admitted to making and took responsibility for the error. Because of her statement and the testimony of Mrs. Ferrando and Mr. Bouzek, Mrs. Jani did not provide testimony at hearing.

15. Mrs. Ferrando testified that she took the incorrect strength of nifedipine for 38 days. Mrs. Ferrando described that she felt increasingly lethargic, as if she were suffering from a flu, as she continued to take the incorrect strength of nifedipine. Mrs.

Ferrando discovered the error when she called Albertsons #149 for a refill of the prescription. Fortunately, Mrs. Ferrando's symptoms subsided several weeks after she resumed taking the correct strength of nifedipine once the error had been discovered.

16. On December 6, 2000, the Board entered a Stipulation and Order with Mr. Bouzek and Albertsons #149 (Case Nos. 00-073A-RPH-N and 00-073B-PH-N). The facts of that case involved an incident on July 31, 2000 in which Mr. Bouzek filled a prescription for Wellbutrin 150 mg. #180 with Wellbutrin 100 mg. #60. Mr. Bouzek had placed a prescription label for Wellbutrin 150 mg. #180 directly over the manufacturer's label that plainly showed Wellbutrin 100 mg. In so doing, Mr. Bouzek also provided an expiration date on the prescription label that exceeded the actual expiration date on the manufacturer's label. Mr. Bouzek and Albertsons #149 were also disciplined because the patient was not counseled regarding the Wellbutrin prescription. The patient ingested the improper strength of Wellbutrin, but suffered no serious or permanent injury. Mr. Bouzek and Albertsons #149 each agreed to a fine of $950.00 plus an administrative fee of $250.00.

17. Mr. Johnston and Mr. Mazzone explained the efforts taken by Albertsons' management to ascertain how the various errors at issue were made. They also explained the remedial measures already taken by Albertsons, especially addressing the Board's concerns regarding the apparent failure of Albertsons' scan verification system in light of the number of errors in this matter that implicated the improper use or failure to use the system. Though the Board is concerned by any pharmacy that has committed as many patient errors as have been committed by Albertsons #149, the Board was also satisfied by Mr. Johnston's and Mr. Mazzone's testimonies that

Albertsons has taken appropriate and necessary actions both to ascertain the causes of the errors and to remedy the practice of Albertsons #149 to minimize the opportunity of such errors in the future.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Bouzek, Mr. Wachsman, and Ms. Jani are pharmacists licensed by the Board and Albertsons #149 is a pharmacy licensed by the Board.

2. In failing to confer with Dr. Laxalt's office to resolve what strength of clonazepam had been ordered or whether clonazepam was the correct drug in light of the 0.1 mg. strength ordered, Mr. Bouzek violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(e) and (i).

3. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonazepam 1 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

4. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in the violations in paragraphs 2 and 3 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

5. In dispensing the incorrect medication to Mrs. Luckett, namely by dispensing clonidine HCL 0.2 mg. when Dr. Laxalt had ordered clonidine HCL 0.1 mg., Mr. Bouzek violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

6. In employing Mr. Bouzek and operating the pharmacy in which Mr. Bouzek committed the violations in paragraph 5 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

7. In dispensing the incorrect medication to Mr. Luckett, namely by dispensing 15 estropipate instead of 100 acetaminophen/COD 3, Mr. Wachsman violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

8. In employing Mr. Wachsman and operating the pharmacy in which Mr. Wachsman committed the violations in paragraph 7 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

9. In dispensing the incorrect strength of nifedipine to Mrs. Ferrando, Ms. Jani violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

10. In employing Ms. Jani and operating the pharmacy in which Ms. Jani committed the violation in paragraph 9 above, Albertsons #149 violated NRS 639.210(4) and (12) and NAC 639.945(1)(d), (e), and (i) and (2).

11. In being repeatedly negligent, as evidenced by paragraphs 2, 3, and 5 above and the Stipulation and Order in Case No. 00-073A-RPH-N, Mr. Bouzek violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

12. In being repeatedly negligent, as evidenced by paragraphs 4, 6, 8, and 10 the Stipulation and Order in Case No. 00-073B-PH-N, Albertsons #149 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wachsman shall receive a letter of reprimand.

2. Ms. Jani shall pay a fine of $500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Bouzek shall pay a fine of $1,500 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. The pharmacy manager and divisional manager for Albertsons shall appear at the next four meetings of the Board in Reno to report to the Board (a) what has been done at Albertsons #149 to improve the work flow within the pharmacy, (b) what has been done regarding the staffing at the pharmacy, (c) what has been done to assure that Albertsons' policies and procedures (especially the policies and procedures regarding the use of the scan verification system) have been complied with by the pharmacy's personnel, and (d) anything else that has been done to improve the safety and accuracy of the pharmacy's practices. Albertsons #149 shall also pay the costs incurred in the investigation and prosecution of this matter of $1,592.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Jani or Mr. Bouzek to comply with any term of this Order shall result in the immediate suspension of his or her license until all terms applicable to her or him are fully complied with and will result in further discipline, up to and including revocation of their licenses. The failure by Albertsons #149 to comply with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to

be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 9th day of July, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

1990

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 96-053-PH-N

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ALBERTSON'S FOOD & DRUG #170, Certificate of Registration No: PH0877; and

ALBERTSON'S, INC., Owner of Albertson's Food & Drug #170;

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 26, 1997 in Reno, Nevada. Deputy Attorney General Louis Ling prosecuted the matter on behalf of the Board, and Respondent was represented by Mr. Brian Sandoval. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Because in their Answer and Notice of Defense and in their opening presentation, the Respondents admitted many of the facts as alleged in the Notice of Intended Action and Accusation, Board staff presented no witnesses or evidence. Steve Shapiro and Paula Emerson testified.. Based upon all of the admissions, evidence, and testimony presented, the following paragraphs shall be the facts as found by the Board.

2. Albertson's Pharmacy #170 (Albertson's #170) is a pharmacy located within an Albertson's grocery store located at 10500 N. McCarran Blvd. in Reno, Nevada. Albertson's, Inc. is the owner of Albertson's #170.

3. On August 23, 1996 at approximately 8:30 a.m., Gary Adams, store manager for the grocery store in which Albertson's #170 is located, opened the store safe and removed a key to the pharmacy from a sealed envelope therein. Mr. Adams then went to Albertson's #170 and let Allen Gordy, the regional butcher manager, into the pharmacy where Mr. Gordy used the pharmacy's facsimile machine. No pharmacist was present in the pharmacy because the pharmacy was not open at the time that Mr. Adams let Mr. Gordy into the pharmacy.

4. Paula Emerson, a pharmacist employed by Albertson's, observed Mr. Adams and Mr. Gordy just after Mr. Adams had let Mr. Gordy into the pharmacy, and she confronted them while they were in the pharmacy. Ms. Emerson was the pharmacist who had placed the pharmacy key in the sealed envelope that Mr. Adams had removed from the store's safe, and she had placed the key in an envelope because she was unaware that her "barrel" key would open the lock box that was in the safe.

5. After Ms. Emerson discovered the unlawful entry, a controlled substances inventory was conducted and no controlled substances were discovered to be missing.

6. Upon subsequent investigation, Mr. Adams and Mr. Gordy admitted that they had, in fact, gained unlawful entry into Albertson's #170 and that they knew when they did so that they were breaking Nevada law and company policy. At hearing, Mr.

Shapiro testified that Albertson's policy is that all pharmacy keys are either to be in the possession of a pharmacist or are to be in a lock box placed within the store's safe. Ms. Emerson testified that she knew this policy, but because she did not know that her "barrel" key would open the lock box at Albertson's #170, she left the key in a sealed envelope because she knew that the pharmacist who would be opening the store only a few minutes later would need the key because it was his only key to the pharmacy. Ms. Emerson also testified that it was her opinion that Mr. Allen was pressured by Mr. Gordy into letting Mr. Gordy into the pharmacy, since Mr. Gordy was a regional manager and Mr. Allen, as a store manager, was Mr. Gordy's subordinate.

7. As a result of the testimony at hearing, the Board finds that the circumstances of this case are unique and that the policies and procedures already in place are sufficient to assure that similar breaches of pharmacy security would be virtually impossible. The Board also finds, though, that Mr. Gordy was wrong to pressure Mr. Allen into letting him into the pharmacy and that Mr. Allen was wrong to capitulate to Mr. Gordy's demands where doing so was against Nevada law and company policy that was known to Mr. Allen at the time.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Albertson's #170 is a pharmacy licensed by the Board.

2. In owning a pharmacy in which the key to the pharmacy was easily accessed by non-pharmacist personnel who allowed themselves access to the pharmacy without a pharmacist present, Albertson's #170 and Albertson's, Inc. violated

NRS 639.210(4) and (12). In reaching this conclusion, the Board acknowledges that Albertson's #170 personnel reported the breach of security themselves, and in so doing, exposed Albertson's #170 to this disciplinary action. We commend Albertson's #170 for doing the right thing and reporting the breach of security, but we feel discipline is appropriate in this matter nonetheless because the management of Albertson's, Inc., especially its mid-level management such as Mr. Gordy, must be reminded, apparently, that Nevada's pharmacy laws cannot be disregarded without consequence.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Respondent Albertson's #170 shall pay a fine of $1,000.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Albertson's #170 shall receive a private letter of reprimand.

SIGNED AND EFFECTIVE this 5th day of April, 1997.

Larry L. Pinson, President

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada
☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Alto Pharmacy, LLC

Physical Address: 645 Harrison Street, Suite 200,

City: San Francisco State: CA Zip: 94107-3624

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (800) 874-5881 Toll Free # (NAC 639.708, NRS 639.23286): (800) 874-5881

Fax: (415) 225-0587 Contact Email: pharmacycompliance@alto.com

Website: www.alto.com

Nevada Business License # (if applicable) 2005472.044-101

Supervising/Managing Pharmacist Name (NRS 639.220): Tsai-Ling Jiang ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20511 ✓

Type of Pharmacy (check all applicable)

☑ Retail/Community
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☑ Other: Prescription processing pharmacy

Services the Pharmacy will Provide (check all applicable)

☑ Retail/Community
☐ Non-sterile Compounding
☐ Sterile Compounding
☐ Mail-Order Service
☐ Off-site Cognitive Services
☐ Long Term Care
☐ Hospital
☑ Other: Prescription processing pharmacy

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

M-F 6:00AM-9:00PM S-S: 7:00AM-6:00PM

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Tsai-Ling Jiang	NV Pharmacist Registration #: 20511
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA-Not Applicable	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA-Not Applicable

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Alto Pharmacy Investments, LLC

Corporation/Organization Name: Alto Pharmacy, LLC

Mailing Address: 645 Harrison Street, Suite 200,

City: San Francisco, State: CA Zip: 94107

Telephone: (800) 874-5881 Email: pharmacycompliance@alto.com

Contact Person Name: Mattieu Gamache-Asselin

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: NA-Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA-Not Applicable

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Mattieu Gamache-Asselin (title) for Co-CEO and Manager (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mattieu Gamache-Asselin

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/2/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mattieu Gamache-Asselin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Co-CEO and Manager (title) for Alto Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.



Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Please see attached for CA Gov't Code compliant notary certificate.

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NA-Not Applicable Pharmacy not located in State of Nevada Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mattieu Gamache-Asselin , Co-CEO and Manager

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/2/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 1333

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Santa Clara }

Subscribed and sworn to (or affirmed) before me on this 2nd day of March 2022

by Mathieu Gamache-Asselin

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: _____

MATT G. MILLER Comm. #2355268-Mfr. #NNA1 Notary Public CALIFORNIA San Francisco County My Comm. Exp. May 18, 2025

Seal

---------- **OPTIONAL** ----------

Though this section is optional, completing this in formation can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document: Affidavit for Pharmacy Lic.

Title or Type of Document: Affidavit

Document Date: 3/2/2022

Number of Pages: 1

Name(s) of Signers Other Than Named Above: —

Alto Pharmacy, LLC – Ownership[1], Officers and Managers

Name and Title	Home Address and Phone	Business Address and Phone	SSN or FEIN	DOB	Ownership Type and %[2]	Date of Ownership / Appointment
Alto Pharmacy Investments, LLC **Direct Owner / Sole Member**	**645 Harrison Street, Suite 200** **San Francisco, CA 94107-3624** **(800) 874-5881**	**645 Harrison Street, Suite 200** **San Francisco, CA 94107-3624** **(800) 874-5881**	**85-3841322**	**NA**	**Direct** **100%**	**12/30/2020**
Mattieu Gamache-Asselin Co-CEO and Manager	[redacted] Reflection Way Mountain View, CA 94043-2585 [redacted]	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881	[redacted]	[redacted]	0%	02/01/2022
James D. Karraker Co-CEO and Manager	[redacted] 22nd Street San Francisco, CA 94114-3406 [redacted]	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881	[redacted]	[redacted]	0%	02/01/2022
Jared L. Fix Chief Operating Officer	[redacted] 6th Avenue San Francisco, CA 94118 [redacted]	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881	[redacted]	[redacted]	0%	02/01/2022
Francis A. Nzeuton CFO, Secretary and Manager	[redacted] East 68th Street, Apt 25D New York, NY 10065-6017 [redacted]	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881	[redacted]	[redacted]	0%	09/01/2021

As of: February 1, 2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTO PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTO PHARMACY LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5763030 8300

SR# 20213698997

Authentication: 204592561

Date: 11-03-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

January 26, 2022

Alto Pharmacy
645 Harrison Street, Suite 200
San Francisco, CA 94107-3624

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ALTO PHARMACY

License Type: PHARMACY

License Number: PHY 58263

Status: ACTIVE

Issue Date: 06/24/2021

Expiration Date: 06/01/2022

Address of Record: 645 HARRISON ST STE 200 SAN FRANCISCO, CA 94107

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

'14/2
'14/2

LICENSE NO. PHY 58263

ISSUE DATE JUNE 24, 2021

ALTO PHARMACY

645 HARRISON ST STE 200
SAN FRANCISCO CA 94107

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
FREDERICK STROTHER BARTON III PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JUNE 01, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

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Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 12/13/2021 Inspector: Irina Top

Firm: ALTO PHARMACY Phone: (800) 874-5881

Address: 645 HARRISON ST STE 200 City: SAN FRANCISCO Zip: 94107

Ownership: CORPORATION

Permit #: PHY58263 Permit Exp: 12/15/2021 DEA#: DEA Exp:

Date of Self Assessment Form: 10/20/2021 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 6AM-9PM Hours Saturday 7AM-6PM Hours Sunday: 7AM-6PM

PIC **MARIA LUISA I NAZARENO** RPH78166 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	FREDERICK S BARTON III	RPH78532	ADRIAN J MANIO	TCH106569
	SANDRA DAY M AGUSTIN	RPH66413	ALYSSA C CHEUNG	TCH140805
	YVONNE B CHAO	RPH61260	CYNTHIA E TITUS	TCH104459
	ALEXANDRA A COULTS	RPH78662	DENNIS G AREVALO	TCH101740
	TSAI-LING JIANG	RPH58234	DYNESE S HORACE	TCH90466
	EUNICE Y LIM	RPH66902	JEREMY J YOUNT	TCH155761
	SYLVIA S LEE	RPH73450	KAREN J CANAS	TCH60834
	SUSAN L SUN	RPH65879	KAREN Y LI	TCH136790
	JED A WILSON	RPH74215	MARCIA L DORAZI	TCH166786
	TRACY V NGUYEN	RPH69333	MICHAEL G RIVERA	TCH151994
	MEGAN E CHIU	INT48091	SAU YEUNG	TCH59008
			STEVEN B BURNS	TCH178442
			VALESKA J ESPINOZA	TCH135261

Inspector Remarks:

Routine Pharmacy Inspection
Assisted by PIC Nazareno
Prescription processing center for all Alto Pharmacies located in CA
Order entry, patient counseling, prescription clarifications, prior authorizations and final data checks performed at the pharmacy
No medications are housed or dispensed by the pharmacy
Process approximately 7,000 RXs/day, 1,000 of them being refills
All staff currently working remotely due to the COVID-19 pandemic

Items Reviewed:
- Original pharmacy license
- Community Pharmacy Self-Assessment

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- Identification badges
- Accessible restroom available
- Consultation area was suitable for confidential patient counseling
- No temporary absence of pharmacist
- Security-cameras observed
- Non-controlled and CIII-V prescriptions reviewed
- BOP subscriber alerts received by all licensees
- All pharmacists are registered with CURES
- Quality assurance reporting
- Policies and procedures: QA for Medication Errors, Technician Job Description, Theft and Impairment, Temporary Absence of the Pharmacist and Interpretive Services

Items Discussed:

- Please ensure a Notice to Consumers poster and Interpretive Services poster are posted in the pharmacy (California Code of Regulations (CCR) section 1707.6).
- Pharmacists and technicians are currently performing pharmacy duties remotely pursuant to the waiver for Business and Professions Code (BPC) section 4071.1. Please be advised the waiver does not extend to BPC section 4105 which states in pertinent part (a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form.

Pharmacist (sign) _____

Pharmacist (print) Maria Luisa I Nazareno

Inspector (sign) _____

Inspector (print) Irina Top

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 12/13/2021 Permit #: PHY58263

Time of Day: 3:19 PM

Name as shown on permit: **ALTO PHARMACY**

Address: 645 HARRISON ST STE 200 City: SAN FRANCISCO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **CCR 1714(c)**	Operational Standards and Security. The pharmacy and fixtures and equipment shall be maintained in a clean and orderly condition. The pharmacy shall be dry, well-ventilated, free from rodents and insects, and properly lighted. The pharmacy shall be equipped with a sink with hot and cold running water for pharmaceutical purposes.
	at the time of inspection, it was determined the pharmacy was not equipped with a sink with hot and cold running water for pharmaceutical purposes. Please e-mail proof of correction to Inspector Top by not later than 12/27/2021.
2. **CCR 1711(e)(1)**	Quality Assurance Programs. Each quality assurance program shall be managed in accordance with written policies and procedures maintained in the pharmacy in an immediately retrievable form.
	at the time of inspection, it was determined the pharmacy's QA policy and procedure did not indicate when an investigation of each medication error shall commence (CCR section 1711(d)). Also, it did not state what information the QA record should include (CCR section 1711(e)(1-4)). Please e-mail proof of correction to Inspector Top by not later than 12/27/2021.
3. **BPC 4104(b)**	Licensed Employee, Theft or Impairment: Pharmacy Procedures. Every pharmacy shall have written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft, diversion, or self-use of dangerous drugs, among licensed individuals employed by or with the pharmacy.
	at the time of inspection, it was determined the pharmacy's Theft and Impairment policy did not address the information with regard to any licensed individual employed by or with the pharmacy which should be reported within 14 days. Please e-mail proof of correction to Inspector Top by not later than 12/27/2021.

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Irina Top Print Name Maria Luisa I Nazareno

Date 12/20/2021 Title Pharmacist In Charge

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

From: **Maria Luisa Nazareno** <maria.nazareno@alto.com>
Date: Wed, Dec 22, 2021 at 12:33 PM
Subject: Alto Pharmacy PHY 58263
To: Top, Irina@DCA <Irina.Top@dca.ca.gov>
Cc: Pharmacy Compliance Alto <pharmacycompliance@alto.com>

Alto Pharmacy
645 Harrison St
San Francisco, CA
94107
PHY 58263

Dr Irina Top
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA
95833
Irina.Top@dca.ca.gov

Dr. Top,
Thank you for your visit on 12/13/2021. I am writing to provide the follow up items as requested from your visit.

1. CCR 1714(c): Attached is a picture of the sink that we have installed at our location. The sink is equipped with hot and cold running water.
2. CCR 1711(c)(1): [AS-44] Medication Error Management, Reporting and PreventionV2 is attached and outlines our Quality Assurance Program including the associated timelines (section 1b&h and 2b&e) and the information collected (section 1(e)i)
    a. I have also included a sample of the Quality Assurance Program report
3. BPC 41049b): COM116 Alto Pharmacy Theft & Loss Reporting is attached and contains our impairment policy and timeline for reporting (section 1h).

Please let me know if you did not receive any of the three attachments.

Thank you,
Maria Luisa Nazareno
RPH 78166

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Luisa Nazareno

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MANUAL:	**ALTO PHARMACY PROGRAM**	DOCUMENT #:		AS-44	
SUBJECT:	Medication Error Management, Reporting and Prevention	EFFECTIVE DATE:		10/3/2017	
		POLICY OWNER(S):		VP of Pharmacy Operations and Excellence	
PERSONNEL COVERED:	Alto Operations	PAGE:	1	OF	6

PURPOSE:

To outline the process by which Alto documents, reports, reviews, and prevents medication errors.

DEFINITIONS:

- MECAR: Medication Error and Corrective Action Response: documents all errors regardless of severity or potential for harm
- Near-miss: Reported error regarding a prescription that would have potentially impacted a patient's health outcome
- Tea Time: report of suspected error or complaint captured in Wunderbar

POLICY:

A. Alto encourages patients to report any known or suspected medication errors as a mechanism to facilitate continuous process improvement and promote patient safety.

B. Employees are required to escalate all known or suspected medication errors to a pharmacist for immediate review.

C. The Quality Team will maintain confidential records of employee involvement and may require counseling or corrective action as necessary.

D. Error Reports and associated root cause analyses are compiled for risk assessment by incidence and severity, then categorized for process improvement activities by responsible Systems, Operations, and Clinical teams accountable to the Quality Management Committee to address. Apply PDCA cycle principles of Total Quality Management to prevent future errors of the same category.

E. Risk Assessment and Management team performs ongoing monitoring of MECAR risks and severity and performs internal audits bi-annually to assess implementation effectiveness and measure risk reduction.

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MANUAL:	**ALTO PHARMACY PROGRAM**	DOCUMENT #:	AS-44
SUBJECT:	Medication Error Management, Reporting and Prevention	EFFECTIVE DATE:	10/3/2017
		POLICY OWNER(S):	VP of Pharmacy Operations and Excellence
PERSONNEL COVERED:	Alto Operations	PAGE: 2	OF 6

PROCEDURE:

1. Dispensing errors
    a. Are recorded in Wunderbar at the time of reporting.
        i. This includes near-misses. Alto categorizes and tracks these no-harm events, by type, in order to detect and prevent future harm and occurrences.
        ii.

	Why we track...	How we prevent recurrence...
Type 1	Not indicative of organizational weakness. Indicates our initiatives are correct and reduce errors	Collect information to evaluate effectiveness of our quality initiatives and efforts
Type 2	Helps us identify effective unplanned or accidental actions	Evaluate for decision to standardize and/or automate these actions
Type 3	Help us to evaluate our detection and intervention procedures	Apply resources toward detecting and mitigating similar events
Type 4	Shows the weakness of our organization's early detection plans	Analyze processes for events that reached the patient

    b. Cases involving suspected medication errors are immediately escalated to a pharmacist to be investigated, documented, reported, and resolved, if possible.
    c. Categorized based on error type in order to identify error trends.
        i. MECAR
            1. Class 1: Errors that have a potential to compromise patient safety
            2. Class 2: Errors that do not have the potential to compromise patient safety
            3. Dispensing MECAR rate calculation
                a. Number of errors in that pod or site over the number of total prescriptions dispensed by that pod or site in a given time period
        ii. Near miss (or close calls)
            1. Type 1: An incident that does not reach the patient because of formal and

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MANUAL:	**ALTO PHARMACY PROGRAM**	DOCUMENT #:	AS-44
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PERSONNEL COVERED:	Alto Operations	PAGE: 3	OF 6

planned interventions and programs (previously developed by the organization)

2. Type 2: An incident that does not reach the patient because of chance or unplanned interventions
3. Type 3: An incident that does reach the patient but does not cause harm because of early detection, interventions and treatment
4. Type 4: An incident that does reach to the patient but does not cause harm because of chance
5. Near Miss capture rate goal is 99.9% of all error types identified prior to dispense to patient
    a. MECAR rate divided by percent to reach patient < 0.1%

d. Regardless of how the error is recognized - either by reporting from an external source (patient, caregiver, or provider) or discovered internally, a pharmacist will ascertain the details of the alleged error by reviewing the patient's Wunderbar records.

e. The pharmacist will interview the patient or caregiver to collect detailed information regarding whether or not ingestion occurred and how the patient was impacted, if at all.
    i. The following information is documented in the system of record:
        1. The date, location, and participants in the quality assurance review
        2. The pertinent data and other information relating to the medication error(s) reviewed and documentation of any patient contact required
    ii. Our pharmacists are trained to remain calm and ask open-ended questions in order to gather as much detail as possible.

f. The pharmacist may also contact the patient's provider to inform them of the error, if deemed necessary.

g. The method of resolution will be determined on a case by case basis at the discretion of the pharmacist and may include such measures as refund and/or replacement. For any error resulting in a replacement, Alto will coordinate the return of the original package free of charge.

h. All communications related to the error will be documented in Wunderbar as a Tea-Time

(categorized as a MECAR) within 24 hours of discovery. Documentation of this is found through a Looker report that is reviewed by the Quality Team who, in conjunction with the Operational Excellence team (OET), will perform a root cause analysis and identify possible quality improvement (QI) opportunities.

2. Distribution errors
    a. These errors are identified by a Quality Analyst in the following ways:
        i. Reported errors that have been identified as potential PHI disclosures
        ii. Manual identification of misdeliveries (via #triage-courier-delivery Slack channel)
            1. Wrong address
            2. Wrong patient
            3. Not delivered
            4. Temperature excursion or damaged packaging
        iii. Manual review of high tea times to identify potential PHI breaches
        iv. Distribution accuracy = rate of delivering medications correctly (100 - misdelivery rate)

    b. All potential errors are investigated by the Quality Analyst (QA) within 5 business days
    c. The QA will track/analyze errors and categorize them as a Processing error (issue with scheduling incorrectly) or Production error (issue with packaging or delivery)
        i. Production errors are further broken down to assess Incorrect Packaging Rate and Misdelivery Rate
    d. The QA will provide investigations to the appropriate internal leaders for review and process potential changes.
        i. Internal leadership (not limited to): Director of Delivery, Director of Business Operations, PIC
    e. The QA or Pharmacist contacts any affected patient or notifies the provider in cases where a distribution error is known to have occurred and/or PHI has been exposed or inadvertently disclosed as a result, within 24 hrs of discovery.
        i. The QA or Pharmacist will make 3 attempts to reach the patient or by phone
        ii. A notification letter will be sent to the patient or provider if unable to reach by phone or if requested
    f. The QA follows the Distribution Error Notification, Management and Escalation process flowchart (Distribution Error Disclosure: Logging/Assessment Process) to make

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MANUAL:	**ALTO PHARMACY PROGRAM**	DOCUMENT #:	AS-44
SUBJECT:	Medication Error Management, Reporting and Prevention	EFFECTIVE DATE:	10/3/2017
		POLICY OWNER(S):	VP of Pharmacy Operations and Excellence
PERSONNEL COVERED:	Alto Operations	PAGE: 5	OF 6

appropriate contact with external entities.

i. External entities include, but are not limited to:
   1. Patient
   2. Provider
   3. Office of Civil Rights
   4. Regulators

3. The Quality Team will report data regarding errors, performance trends and present QI suggestions to the Quality Management Committee for review quarterly, at minimum.

4. The Specialty Lead is responsible for reviewing published safety literature and communicating information regarding prevention recommendations and best practices to the QMC quarterly.

SUPPORTING DOCUMENT(S):

Distribution Error Disclosure: Logging/Assessment Process

ACCREDITATION STANDARD(S):

URAC: P-OPS 9

REVISION/REVIEW HISTORY:

VERSION	ACTION	APPROVAL AUTHORITY	DATE
1.0	Approved	Amil Patel, PharmD	10/3/17
1.1	Revised	Amil Patel, PharmD	12/5/17
1.2	Revised	Rhiann Desrosiers, PharmD	1/11/18
1.2	Reviewed	Rhiann Desrosiers, PharmD Ryan Cody, PharmD	2/1/18

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MANUAL:	**ALTO PHARMACY PROGRAM**	DOCUMENT #:	AS-44
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		POLICY OWNER(S):	VP of Pharmacy Operations and Excellence
PERSONNEL COVERED:	Alto Operations	PAGE: 6	OF 6

1.2	Reviewed	Rhiann Desrosiers, PharmD Michael Lai, PharmD	11/6/18
1.2	Reviewed	Rhiann Desrosiers, PharmD Michael Lai, PharmD	2/5/19
1.2	Reviewed	Rachel Gray, PharmD	2/5/2020
2.0	Revised and Reviewed	Anne Nelson, PharmD	1/29/2021
2.1	Revised and Reviewed	Anne Nelson, PharmD Jenny Ekmeji, PharmD	5/12/2021
2.2	Revised and Reviewed	Anne Nelson, PharmD Jenny Ekmeji, PharmD	6/21/2021

Type of Event: Coaching	Incident Start Date	Incident Number	Site Name	Class 1 or Class 2?	Production Error Type	Error Origin	Medication Name	Brief Description of the Incident	Filler	Product Checker	Packager	Tech Lead Responsible	Manager Responsible	Date Feedback Given
Date: Aug202021 Feedback Type: Corrective Reason for Feedback: Safety-Process Violation Observed Behavior: Tri-Sprintec-dispensed 1 pack vs 4 packs	2021-06-29	35167	Sample	Class 2	Incorrect quantity	Fill	Progesterone 200 MG	Typed: 60 capsules Dispensed: 30 capsules	Alto Filler 1	Alto Checker 1			Manager 1	7/25/2021
	2021-05-06	35227	Sample	Class 2	Incorrect quantity	Fill	Tri Sprintec 7DAYSX3 28	Typed: 4 packs Dispensed: 1 pack	Alto Filler 1	Alto Checker 1		Tech lead 1	Manager 1	7/25/2021
	2021-07-07	35366	Sample	Class 2	Incorrect quantity	Fill	Dottl 0.1MG/24HR	Patient was shorted 1 patch	Alto Filler 1	Alto Checker 1		Tech lead 1	Manager 1	7/25/2021
	2021-06-30	35433	Sample	Class 2	Incorrect quantity	Fill	Medroxyprogesterone Acetate 10 MG	Patient shorted 1 tablet	Alto Filler 1	Alto Checker 1		Tech lead 1	Manager 1	7/25/2021

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COM116 Alto Pharmacy Medication Theft & Loss Reporting
NOT FOR EXTERNAL DISTRIBUTION

Document ID: COM116	**Title**: COM116 Alto Pharmacy Medication Theft & Loss Reporting	**Business process owners**: Pharmacy Compliance, Pharmacist in Charge Director of Fulfillment Operations
Supporting Documents: State Reporting Processes Inventory Loss/Variance Investigation form SOP	**Exhibits**:	**Business unit**: Alto Pharmacy, LLC

Purpose

To establish a policy for investigating and reporting incidents of theft or loss of medications in compliance with any federal, state and local requirements.

Scope

Alto Pharmacy, LLC

Policy Provisions

Alto pharmacy follows all state and federal rules, regulations and Alto standards in regard to reconciliation, investigation and reporting of inventory discrepancies and/or suspected theft and loss of medications.

1. Non-controlled substances -
    a. Inventory variances at a greater than or equal to 1,000 units of expected on-hand quantity, $1,000 dollar variance or to include up to PIC discretion are identified for reconciliation and inventory adjustment. Adjustments are documented by staff authorized to perform.
    b. Reason for adjustment is captured and monitored for variance reporting by Inventory/Compliance personnel to prevent and detect inventory loss and to enable investigations or implement corrective actions, when necessary.
    c. Variance trends are reported to internal operational and quality control teams periodically to identify process and performance improvement opportunities.
    d. Unreconciled variances which result in significant loss and/or suspicion of theft or diversion are documented and reported to Pharmacy Compliance.

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COM116 Alto Pharmacy Medication Theft & Loss Reporting
NOT FOR EXTERNAL DISTRIBUTION

e. Determination of medication theft/loss related to prescription deliveries or common carriers is the responsibility of Pharmacists in Charge, or designated alternate licensee.

   i. Misdelivered or returned prescriptions within Alto custody and control are accounted for and evaluated for product stability prior to return to inventory or dispense record.
   ii. Unaccounted deliveries of dispensed prescriptions result in reportable loss.
   iii. Inventory product lost in transit between Wholesale vendor(s) and Pharmacy, or during intracompany stock transfer process, constitutes a reportable loss.

f. Pharmacy Compliance is responsible to review pharmacy Inventory Loss/Variance Investigation form submitted and perform further investigations, as necessary, to centrally generate appropriate and necessary reports, such as DEA e106, to all federal, state and local regulatory agencies and prescription monitoring programs (PMP, PDMP).
g. Drug Loss Reporting at Alto is a centralized function of Pharmacy Compliance. All reports to regulatory authorities are maintained in the Compliance system of record communicated according to Alto Governance, Risk and Compliance plan [Steering Committee] and are retained for a period of 5 years.
h. Any investigation inclusive of theft, diversion or impairment of any licensed individual employed by or with the pharmacy will be reported to appropriate authorities and/or Boards of Pharmacy within 14 days.

2. Controlled Substances - In addition to medication inventory monitoring and reporting controls above (see Provision 1.a-f), Alto further complies with theft, loss and diversion reporting requirements for all state and federally Scheduled II-V medications by the following:

a. Alto Pharmacy shall use internal standards and guidance of the federal DEA in determining the significance of a controlled substance loss for external reporting purposes. In cases of uncertainty or conflict in determination of whether a controlled substance loss is significant, Pharmacist in Charge, or designated alternate, consults with the Compliance Team immediately for decision and recommendation.
b. State Notifications of confirmed controlled substances loss, where required, shall be provided by PICs in the form of a brief written statement submitted via fax or email to the appropriate authorities.
c. All incidents of controlled substance theft, burglaries or investigations conclusive for diversion are reported to regulatory and/or enforcement agencies within 1 business day of discovery.

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COM116 Alto Pharmacy Medication Theft & Loss Reporting
NOT FOR EXTERNAL DISTRIBUTION

d. Alto Pharmacy completes a thorough investigation into the circumstances surrounding the theft, significant loss and diversion of controlled substances and reports findings via DEA Form 106 submitted electronically to the corresponding local Field Division Office within 15 calendar days of initial discovery.
e. Investigational findings regarding controlled substance theft, loss and diversion are communicated and reported to local agencies and authorities as required and according to regulations per jurisdiction. See State Reporting Processes.

Supporting documents
Standard Procedure
State Reporting Processes
Inventory Loss/Variance Investigation form

Accreditation Standard(s):
NABP: PHY. D-1. i.

Definitions:
A. Alto pharmacy, LLC: FKA Scriptdash INC

Review and Revisions History:

Date	Revision number	Reason for change	Sections Affected
07/29/2020	1.0	New document	N/A
05/04/2021	1.1	New Controls	Provisions
8/17/2021	2.0	Revision	Policy

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Alto Pharmacy | 645 Harrison Street, Suite 200 | San Francisco, CA 94107 | 1 (800) 874-5881

March 1, 2022

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Alto Pharmacy, LLC - Appointment of Designated Representative

Dear Sir or Madam:

This correspondence serves as official notification and appointment of Ms. Maria Luisa Nazareno as the Designated Representative for the enclosed Nevada Board of Pharmacy Application.

Ms. Nazareno oversees the daily operations and management of the Alto Pharmacy located at 645 Harrison Street, Suite 200, San Francisco, CA 94107, and is authorized to represent Alto Pharmacy.

Should you require additional documentation or have any questions, please contact Ms. Nazareno at maria.nazareno@alto.com or Mr. Erik Heikkenen at erik.heikkenen@adeiaservices.com or (719) 640-8792. Thank you, in advance, for your assistance with this matter.

Sincerely

Mattieu Gamache-Asselin
Co-CEO and Manager

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Alto Pharmacy, LLC

Physical Address 645 Harrison Street, Suite 200,

City San Francisco State CA Zip 94107-3624

Mailing Address (if different from physical address) 645 Harrison Street, Suite 200,

City San Francisco State CA Zip 94107-3624

Telephone (800) 874-5881 Website www.alto.com

Licensing Company Email pharmacycompliance@alto.com

Section 2: Personal Information

First Maria Luisa Middle Ilarde Last Nazareno

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Lynn St

City Hayward State C a Zip 94541

Telephone [redacted] Email maria.nazareno@alto.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MLIN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Washington Highschool		12/2005 to 06/2006	
Address	**City**	**State**	**Zip**
38442 Fremont blvd	Fremont	Ca	94536
Diploma/Degree obtained, if any			
Highschool Graduate			
School Name		From - To (MM/YY – MM/YY)	
Califomia State Univesity East Bay		09/2006 to 05/2010	
Address	**City**	**State**	**Zip**
25800 Carlos Bee Blvd	Hayward	Ca	94542
Diploma/Degree obtained, if any			
B.S Biology			
School Name		From - To (MM/YY – MM/YY)	
University of New England College of Pharmacy		09/2014 to 06/2017	
Address	**City**	**State**	**Zip**
716 Stevens Ave	Portland	Me	04103
Diploma/Degree obtained, if any			
Pharm D			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2010 to 09/2014	[redacted] Trenouth St	Fremont	Ca	94538
09/2014 -06/17	[redacted] Forest Ave	Portland	Me	04103
06/17 to present	[redacted] Lynn St	Hayward	Ca	94541
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Pharmacy			01/18-02/20	
Business Address		City	State	Zip
498 Castro St		San Francisco	Ca	94114
Phone	Title		Number of Employed Hours	
4158613136	Pharmacist		6000	
Description of Duties				
Practiced pharmacy in compliance with all Federal, state, local laws and regulations as well as company policies				

Business Name			From - To (MM/YY – MM/YY)	
Alto Pharmacy				
Business Address		City	State	Zip
1400 Tennessee St		San Francisco	Ca	94107
Phone	Title		Number of Employed Hours	
1800-874-5881	Patient Care Pharmacist		4160	
Description of Duties				
Verified prescriptions for accuracy, Counseled patients and practiced pharmacy in compliance with regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Maria Luisa Nazareno, **certify that as the designated representative for**

Alto Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Maria Luisa Nazareno

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/12/22

Date

Applicant's initials MLIN

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maria Luisa Nazareno

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/12/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Alameda

I, Maria Luisa Nazareno, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/12/22

Date

Subscribed and Sworn to before me this 12th day of MARCH, 2022.

A notary public or other officer completing this Certificate Verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Notary Public Signature

(Seal)

JAS1 KANAN GUPTA COMM. # 2271967 NOTARY PUBLIC • CALIFORNIA ALAMEDA COUNTY My Commission Expires JANUARY 14, 2023 JAS1

Applicant's initials MLN

ALTO PHARMACY, LLC
ACTION BY UNANIMOUS WRITTEN CONSENT
OF THE BOARD OF MANAGERS

February 1, 2022

In accordance with Section 18-404 of the Delaware Limited Liability Company Act (the "Act"), the undersigned, being all the members of the board of managers (the "***Managers***") of Alto Pharmacy, LLC, a Delaware limited liability company (the "***Company***"), hereby take the following actions and adopt the following resolutions by unanimous written consent without a meeting:

Changes to Company Officers

WHEREAS: the Managers have previously appointed Kevin Burns to serve as Chief Executive Officer and President of the Company;

WHEREAS: effective as of February 1, 2022 (the "***Effective Date***"), Mr. Burns will resign as the Chief Executive Officer and President of the Company, pursuant to that certain Resignation Letter, dated effective as of February 1, 2022 (the "***Burns Resignation Letter***"), substantially in the form attached hereto as Exhibit A; and

WHEREAS: as of the Effective Date, the Managers deem it advisable and in the best interest of the Company and its member to accept the resignation of Mr. Burns and elect Mattieu Gamache-Asselin and Jamie Karraker as Co-Chief Executive Officers of the Company to serve until their successor is elected and qualified or until their earlier resignation or removal; and

NOW, THEREFORE, BE IT RESOLVED: The Managers hereby accept the resignation of Mr. Burns as the Company's Chief Executive Officer and President effective as of the Effective Date.

RESOLVED FURTHER: The Managers hereby elect Mattieu Gamache-Asselin and James Karraker as of the Effective Date, to serve as Co-Chief Executive Officers of the Company until their successor is elected and qualified or until their earlier resignation or removal.

RESOLVED FURTHER: The Managers hereby accept the resignation of Mr. Burns as the Company's Chief Executive Officer and President effective as of the Effective Date.

RESOLVED FURTHER: Any officer of the Company (each, an "Authorized Officer" and collectively, the "Authorized Officers"), is hereby authorized and directed to take any

and all action and execute any documents which they, in consultation with legal counsel, may deem necessary or advisable to carry out the implementation of the above resolution.

RESOLVED FURTHER: Every action that bas previously been taken with respect to the above resolutions by the Authorized Officers of the Company is hereby ratified and confirmed.

Omnibus Resolutions

RESOLVED: Each of the Authorized Officers is authorized and empowered to take all such actions (including, without limitation, soliciting appropriate consents or waivers from stockholders) and to execute and deliver all such documents as may be necessary or advisable to carry out the intent and accomplish the purposes of the foregoing resolutions and to effect any transactions contemplated thereby, and the performance of any such actions and the execution and delivery of any such documents shall be conclusive evidence of the approval of the Managers thereof and all matters relating thereto.

RESOLVED FURTHER: All actions taken by the Authorized Officers of the Company to carry out the purposes and intent of the foregoing resolutions prior to their adoption are approved, ratified, and confirmed.

(Signature Page Follows)

DocuSign Envelope ID: 53241A07-E3AB-4A3D-9A1B-0F2E7C73AA92

This action by unanimous written consent shall be effective as of the date first written above. This action may be executed in writing, or consented to by electronic transmission, in any number of counterparts, each of which when so executed shall be deemed to be an original and all of which taken together shall constitute one and the same action. Any copy, facsimile or other reliable reproduction of this action by unanimous written consent may be substituted or used in lieu of the original writing for any and all purposes for which the original writing could be used. This action by unanimous written consent shall be filed with the minutes of the proceedings of the Managers of the Company.

Mattieu Gamache-Asselin

Mattieu Gamache-Asselin

James Karraker

James Karraker

Francis Nzeuton

Francis Nzeuton

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* **PH 03033** & LOCATION CHANGE
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ***Coram Alternate Site Services, Inc., dba: Coram CVS/specialty infusion services***

Physical Address: ***2100 Highland Corporate ~~Park~~ Drive #200, Cumberland, RI 02864***

Mailing Address: ***One CVS Drive, Licensing Dept/MC1160***

City: ***Woonsocket*** State: ***RI*** Zip Code: ***02895***

Telephone: ***866-799-5830*** Fax: ***401-262-5943***

Toll Free Number: ***866-799-5830*** (Required per NAC 639.708)

E-mail: ***permitinfo@cvshealth.com*** Website: _____

Managing Pharmacist: Daniel MacDonald License Number: 22611 Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: CALL CENTER	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding **
		☒	☐ Other Services: Call Center

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Kimberley DeSousa

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley DeSousa, Assistant Secretary

Print Name of Authorized Person

11/1/21

Date

Board Use Only	Date Processed:_____	Amount: 500	CHECK # 50639899

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: *Delaware*

Parent Company if any: *Coram Specialty Infusion Services, L.L.C.*

Mailing Address: *One CVS Drive, MC 1160*

City: *Woonsocket* State: *RI* Zip: *02895*

Telephone: *401-765-1500* Fax: *401-216-3265*

Contact Person: *Joyce Willis, joyce.willis@CVSHealth.com*

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) *N/A*
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. *N/A*

3) What was the price paid per share? *N/A*

4) What date did the corporation actually receive the cash assets? *N/A*

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: *N/A* %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy: Mon-Fri: 8am-6pm. Pharmacist on call after hours 7 days a week

Monday thru Friday 8:00 am 6:00 pm Saturday X am X pm

Sunday X am X pm 24 Hours On call after hours 7 days a week

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: *N/A*

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ***Kimberley DeSousa***

Responsible Person of ***Coram Alternate Site Services, Inc.***

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley DeSousa, Assistant Secretary
Print Name of Authorized Person

11/1/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF *Rhode Island*)
) ss.
Providence COUNTY)

I, *Kimberley DeSousa*, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the *Assistant Secretary* for *Coram CVS/specialty infusion services* (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, *Kimberley DeSousa*, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Kimberley DeSousa
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 1st day of November, 2021.

Joyce Willis Notary Public State of Rhode Island

NOTARY PUBLIC

Joyce Willis
Notary Public
State of Rhode Island
Comm Exp. 10/14/2023

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/22/2022
Amount:
License #: 22611

Daniel J. MacDonald

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/22/2022
Expires:09/22/2022

Daniel J. MacDonald

License #
22611
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22611
Effective Date:03/22/2022

Expires: 09/22/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Daniel J. MacDonald

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Coram Alternate Site Services, Inc.
dba Coram CVS/specialty infusion services
2100 Highland Corporate Drive #200
Cumberland, RI 02864

Personnel Name	Management Title	Business Address	Phone
Tricia Lacavich	President/Treasurer, Director	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Thomas S. Moffatt	Vice President/ Secretary, Director	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Luker, Melanie K.	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Coram Alternate Site Services, Inc.

is a Business Corporation formed under the laws of **DELAWARE**

that qualified to conduct business in this state on **April 15, 2021.** I further certify that revocation proceedings are not pending; a certificate of withdrawal has not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

November 01, 2021

Secretary of State

Certificate Number: 21110004980
Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx
Processed by: aalbert

State of Rhode Island and Providence Plantations
Department of Health

RHODE ISLAND BOARD OF PHARMACY

This is to certify that *CORAM CVS/SPECIALTY INFUSION SERVICES* located at *2100 HIGHLAND CORP DR STE 200, CUMBERLAND RI 02864, ,* having given satisfactory evidence that said agency is qualified in conformity with Chapter 5-19 of the General Laws of 1956, as amended, is hereby granted a license to operate as a

Pharmacy -Retail

in the State of Rhode Island, for the period ending: ***09/30/2022***

License Number: ***PHA00689***

Nicole Alexander-Scott, MD, MPH
Director of Health

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Coram/ CVS Specialty

Physical Address: 2100 Highland Corporate Drive

City: Cumberland State: RI Zip: 02864

Mailing Address (if different from physical address): 1 CVS Drive MC 8111

City: Woonsocket State: RI Zip: 02895

Telephone: 866-799-5830 Website:

Licensing Company Email:

Section 2: Personal Information

First: Daniel Middle: Joseph Last: MacDonald

Alias(es, nicknames, name changes, etc.): Dan

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] High Street

City: Manville State: RI Zip: 02838

Telephone: [redacted] Email: daniel.macdonald@cvshealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's Initials: DJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Quinnipiac University			
Address	**City**	**State**	**Zip**
275 Mt Carmel Ave	Hamden	CT	06518
Diploma/Degree obtained, if any			
MBA			
School Name	**From - To (MM/YY – MM/YY)**		
MCPHS University	08/06-05/13		
Address	**City**	**State**	**Zip**
179 Longwood Avenue	Boston	MA	02115
Diploma/Degree obtained, if any			
PharmD			
School Name	**From - To (MM/YY – MM/YY)**		
Pelham High School	12/05-05/06		
Address	**City**	**State**	**Zip**
85 Marsh Road	Pelham	NH	03076
Diploma/Degree obtained, if any			
high school diploma			
School Name	**From - To (MM/YY – MM/YY)**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name	**From - To (MM/YY – MM/YY**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/17-current	[redacted] High Street	Manville	RI	02838
01/17-03/17	[redacted] Willard Street	Quincy	MA	02169
01/16-01/17	[redacted] Overlook Ridge Drive	Revere	MA	02151
01/15-01/16	[redacted] Overlook Ridge Drive	Malden	MA	02148
12/05-1/15	[redacted] Fineview Circle	Pelham	NH	03076

Applicant's Initials DJM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Coram/ CVS Specialty			06/13-current
Business Address	**City**	**State**	**Zip**
2100 Highland Corporate Drive	Cumberland	RI	02864
Phone	**Title**	**Number of Employed Hours**	
866-799-5830	General Pharmacy Manager	19200	

Description of Duties

Started as retail pharmacist overseeing day to day operations of dispensing pharmacy. Currently overseeing centralized model for specialty home infusion. I manage a team of pharmacists and technicians that provide clinical management.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials DJM

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DJM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials DJM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Daniel J MacDonald
Original Signature (electronic, copies or stamps not accepted)

03/22/2022
Date

DJM
Applicant's initials _____

I, Daniel MacDonald, certify that as the designated representative for Coram / CVS Specialty,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daniel, MacDonald

Print Name (First, Last)

Daniel J MacDonald

Original Signature (electronic, copies or stamps not accepted)

03/22/2022

Date

Applicant's Initials DJM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel, MacDonald

Print Name (First, Last)

Daniel J MacDonald

Original Signature (electronic, copies or stamps not accepted)

03/22/22

Date

Please have this section completed in the presence of a Notary Public.

State of Rhode Island, ss. County of Providence

I, Alyssa Lopes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Alyssa Lopes

Original Signature

3/22/2022

Date

Subscribed and Sworn to before me this 22 day of March.

Alyssa Lopes

Notary Public Signature

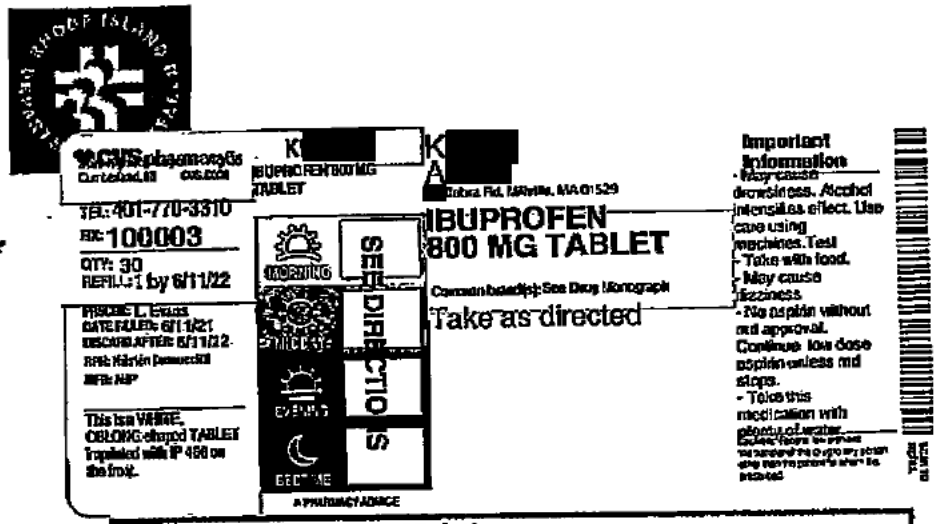
ALYSSA LOPES
NOTARY PUBLIC
ID #765037
COMMISSION EXPIRES JANUARY 28, 2024
STATE OF RHODE ISLAND
(Seal)

Applicant's initials DJM

The Rhode Island Board of Pharmacy
3 Capitol Hill, RM #205, Providence, RI 02908
401-222-2837

Date of Inspection:	6/14/21
Pharmacy Name:	CVS Pharmacy Central Pharmacy Supply
Address:	2100 Highland Corporate Dr
City/State/Zip:	Cumberland RI 02864
Pharmacy License #:	old PHA 00655
DEA#:	N/A
Phone Number:	401-770-3310
Fax Number:	N/A
Pharmacist In Charge:	Krista Iannaccilli
Pharmacist In Charge License #:	03945

Pharmacists	License #	Exp. Date
Dan McDonald	5665	6/22
Michael Sammarelli	5168	6/22
Thomas Dodge	6011	6/22
Emily Aagen	5378	6/22
Technicians Apprent	License #	Exp. Date
Melissa D'Ambrosia	4742	6/22
Interns	License #	Exp. Date



Violations
1
2
3
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10

RIGL 21-31-21: The director of health or the director's duly authorized agent shall have free access at all reasonable hours to any factory, warehouse, or other establishment...in which food, drugs, devices, or cosmetics are manufactured, processed, packed, or held for introduction into commerce or to enter any vehicle being used to transport or hold the foods, drugs, devices, or cosmetics in commerce...

The State of Rhode Island and Providence Plantations

The Rhode Island Board of Pharmacy

3 Capitol Hill, RM #205, Providence, RI 02908
401-222-2637

Facility	Pass	Fail
1. Personnel Licenses Maintained	✓	
2: Facility License Maintained	✓	
3. PIC Name Conspicuously Posted	✓	
4. Pharmacy neat, clean, adequate	✓	
5. Top 10 Maintenance Rx List Posted	✓	
6. Security Adequate	✓	
7. Pharmacy Policy/Procedures	✓	
8. Separate Food and Drug Fridge	✓	
9. Rx Scanners	✓	
10. Pseudoephedrine Secure		N/A

Personnel	Pass	Fail
1. Pharmacist Present	✓	
2. Nametag with Technician Level	✓	
3. Copy of Training Program Present	✓	
4. Record of Completed Training	✓	
5. All Licenses Active	✓	

Pharmaceutical Stock	Pass	Fail
1. No Expired Drugs for Dispensing.	✓	
2. Controls Dispersed/Locked Cabinet	N/A	
3. Video Surveillance Cameras	✓	
4. Quarantine for expired/damaged	✓	
5. Heat/Vent/Fridge Adequate	✓	

Other

Records	Pass	Fail
1. Rx Maintained for Two Years	✓	
2. Counseling Maintained	✓	
3. Daily Attestment Logs	✓	
4. Biennial Invent. Maintained	N/A	
5. Biennial Inventory Correct	N/A	
6. Non-Childproof Cap Records	N/A	
7. Brand Request Recorded	✓	
8. DEA 222 Forms Present	✓ N/A no orders	
9. DEA 222 Forms Complete	✓	
10. Destruction/Return Correct	✓	
11. CII Rx's Filed Separate	✓	
12. CIII-V Rx Retrievable	✓	
13. PSE Log Maintained	N/A	
14. Disaster Plan Available	✓	
15. Rx's Complete/ Valid	✓	

I have read this report and all inspection findings.
I acknowledge that I fully understand the findings of this inspection report.

Print: Kristen Iannuccilli

Sign: Kristen Iannuccilli

License #: RPh03945

Date: 6/14/2021

HEALTH Agent/Inspector:

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04095	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
◉ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 12 Mountfort Street, Unit 2

City: Portland State: ME Zip: 04101

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: 855-838-3282 Toll Free # (NAC 639.708, NRS 639.23286): 855-838-3282

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Greg O'Grady

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21580

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ◉ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ◉ Other: Veterinary

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

On call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Greg O'Grady	NV Pharmacist Registration #: 21580
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04095	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

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Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Greg O'Grady

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21580

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
■ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	■ Other: Veterinary

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

On call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Greg O'Grady	NV Pharmacist Registration #: 21580
Name: Jennifer O'Grady	NV Pharmacist Registration #: 22041
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware (LLC - Formation)

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Philip Lombardi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945).

Statement of Responsibility

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Philip Lombardi

Print Name of Authorized Person

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

12-15-21

Date

Section 10: Affidavit for Pharmacies MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Philip Lombardi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

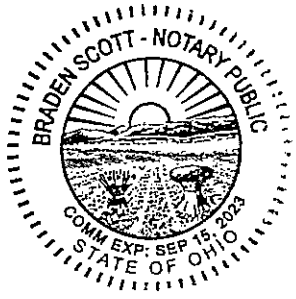
1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Philip Lombardi
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of December, 2021

Notary Public



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi Philip Lombardi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi — 12-15-21

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 871497	Processed 1/19/22

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Please note, this facility has never been disciplined by any state or federal regulatory agency. However, the new owner, Covetrus North America, LLC, has been disciplined as described below. Given that, effective 1/7/2022, this facility will change to Covetrus North America, LLC, we are disclosing the actions below out of an abundance of caution.

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.

• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Covetrus North America, LLC

Nevada license number: PH04095

Websites in use or intended to be used: www.covetrus.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒
Attached, please find proof of LegitScripts
If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Philip Mario Zombardi — Signature of Owner

12-17-2021 — Date

VFC Pharmacy # 101, LLC d/b/a Covetrus Maine			
State	License Number	Date Issued	Expiration Date
Alabama	114960	10/23/2019	12/31/2022
Alaska	149206	9/9/2019	6/30/2022
Arizona	Y008138	7/31/2019	10/31/2022
Arkansas	OS03059	3/5/2021	12/31/2023
Colorado	OSP0007308	6/24/2019	10/31/2022
Connecticut	PCN0003673	5/17/2019	8/31/2022
DEA - Federal	FV8088456	12/28/2018	5/31/2024
Delaware	A90002363	6/24/2019	9/30/2022
Delaware - CSR	PH0014189	11/14/2019	6/30/2023
Florida	PH32292	8/16/2019	2/28/2023
Florida - Control Number	115698	8/16/2019	2/28/2023
Georgia	PHNR001744	7/29/2019	6/30/2023
Hawaii	PMP1632	8/15/2019	12/31/2023
Hawaii - CSR	E14566	8/15/2019	5/31/2022
Idaho	56141MS	11/12/2019	12/31/2022
Illinois	54021317	9/17/2019	3/31/2022
Illinois - CSR	320013091	9/17/2019	3/31/2022
Indiana	64002775A	6/13/2019	12/31/2021
Iowa	5120	8/29/2019	12/31/2022
Iowa - CSR	1108730	8/29/2019	8/31/2023
Kansas	22-109962	6/21/2019	6/30/2022
Kentucky	ME2514	5/16/2019	6/30/2022
Louisiana	PHY007961-NR	8/16/2019	12/31/2022
Maine	PH50001676	12/17/2018	12/31/2022
Maryland	P08086	5/10/2019	5/31/2022
Maryland - CSR	4104369	11/27/2019	10/31/2022
Michigan	5301012114	11/4/2019	11/5/2023
Michigan - CSR	5315211877	11/4/2019	11/5/2023
Minnesota	265876	6/27/2019	6/30/2022
Mississippi	17617/7.1	5/31/2019	12/31/2023
Mississippi - CSR	CS17617/7.1	5/31/2019	12/31/2022
Missouri	2019024799	7/8/2019	10/31/2023
Montana	PHAMOPLIC63512	10/2/2019	11/30/2022
Nebraska	1311	7/24/2019	7/1/2022
Nevada	PH04095	7/23/2019	10/31/2022
New Hampshire	NR1738	5/31/2019	12/31/2022
New Jersey	28RO00194400	7/12/2019	6/30/2022
New Mexico	PH00004923	10/24/2019	12/31/2023
New Mexico - CSR	CS00228035	10/24/2019	5/31/2022
New York	37549	6/7/2019	5/31/2022
North Carolina	14134	7/1/2019	12/31/2022
North Dakota	PHAR1605	6/1/2019	6/30/2022
Ohio	242000122	7/30/2019	3/31/2023
Oklahoma	99-8492	6/28/2019	6/30/2022
Oklahoma - CSR	68367	7/17/2019	10/31/2022

Oregon	RP0003504	8/2/2019	3/31/2022
Pennsylvania	NP001457	8/29/2019	8/31/2023
Rhode Island	PHN11686	5/21/2019	9/30/2022
Rhode Island - CSR	CPHN11686	5/21/2019	9/30/2022
South Carolina	19664	9/25/2020	6/30/2022
South Carolina - CSR	1319664	10/8/2020	4/1/2022
South Dakota	400-1990	7/8/2019	6/30/2022
Tennessee	6723	6/13/2019	6/30/2023
Texas	32834	8/29/2019	8/31/2023
Utah	11318193-1708	8/21/2019	9/30/2023
Utah - CSR	11318193-8913	8/21/2019	9/30/2023
Vermont	36.0134292	9/13/2019	7/31/2023
Virginia	214002192	5/10/2019	5/31/2022
Washington	PHNRFO60975738	6/13/2019	5/31/2022
Washington DC	NRX1901594	7/8/2019	5/31/2023
Washington DC - CSR	NCP1900155	9/11/2019	5/31/2023
West Virginia	MO0561406	5/29/2019	6/30/2023
Wisconsin	2372-43	6/10/2019	5/31/2022
Wyoming	NR51695	8/21/2019	6/30/2022
Wyoming - CSR	CSB00802	8/21/2019	6/30/2022

WEBSITE SEARCH

VETSFIRSTCHOICE.COM

Is certified by LegitScript

Website Summary

URL:	http://www.vetsfirstchoice.com/
WEBSITE TYPE:	Internet Pharmacy
APPROVAL STATUS:	**CERTIFIED**

LegitScript has reviewed this website or merchant as part of our certification program, and has determined that it meets our standards for legality, safety and transparency! That means that we monitor this merchant regularly. If you have any concerns or problems with this website or merchant, please make sure to drop us a note and let us know.

More information about the standards we use to certify and monitor merchants can be found here.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Physical Address: 12 Mountfort Street, Unit 2

City: Portland State: ME Zip: 04101

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 855-838-3282 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Greg Middle: Last: O'Grady

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Mountfort Street, Unit [redacted]

City: Portland State: ME Zip: 04101

Telephone: 855-838-3282 Email: greg.ogrady@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: MO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Iowa College of Pharmacy		08/1989 - 05/1995	
Address	City	State	Zip
	Iowa City	IA	52242
Diploma/Degree obtained, if any			
Bachelor of Science Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
St Albert Catholic High School		08/1985-05/1989	
Address	City	State	Zip
400 Gleason Ave	Council Bluffs	IA	51503
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2019-current	[redacted] Wainwright Drive	Cape Elizabeth	ME	04107
08/2018-08/2019	[redacted] Sea View Ave	Cape Elizabeth	ME	04107
05/2017-08/2018	[redacted] S 177th St	Omaha	NE	68135
10/2000-05/2017	[redacted] S 158th St	Omaha	NE	68135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials YSO

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			01/2011-present
Business Address	**City**	**State**	**Zip**
12 Mountfort Street, Unit 2	Portland	ME	04101
Phone	**Title**	**Number of Employed Hours**	
855-838-3282	Pharmacist-in-Charge	40 hr per wk since 2018	
Description of Duties			
Pharmacy dispensing, licensing, record keeping, scheduling, inventory, ordering.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials YSO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Greg O'Grady, **certify that as the designated representative for** Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Greg O'Grady

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12.14.2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Greg O'Grady

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12.14.2021

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Greg O'Grady, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12.14.2021

Date

Subscribed and Sworn to before me this 14th day of December. 2021

Notary Public Signature

THEODORE M. SORRENTINO
NOTARY PUBLIC
State of Maine
My Commission Expires October 22, 2025

(Seal)

Applicant's initials GO

officers 3 Directors

Nevada - Covetrus North America, LLC - Maine

Section 12:

Full Legal Name	**Position Title(s)**
Victor Thomas Forte IV	President & LLC Manager
Philip Mario Lombardi	VP Operations & Logistics & LLC Manager
Lee Wise	Treasurer & LLC Manager
W.A. Butler Company	Sole Member

PH 5000 1676

PHARMACY	VFC Pharmacy #1 LLC
ADDRESS	12 Merrill St. Unit 2
CITY	Portland
COUNTY	Cumberland ZIP CODE 04101
PHARMACY TEL #	
PHARMACY FAX #	
EMAIL	
LAST INSPECTED	

Maine Department of Professional and Financial Regulation
Office of Licensing and Registration
Board of Pharmacy
35 State House Station, Augusta, ME 04333
(207) 624-8603

PHARMACY INSPECTION REPORT

DATE 3.2.2020 INSPECTOR: TAvery
TIME IN: 12:45 TIME OUT: 12:57

INSPECTION PURPOSE:
- ☐ NEW
- ☐ NEW/PRELIMINARY
- ☐ PERIODIC
- ☐ REINSPECTION/FOLLOWUP
- ☐ OWNER CHANGE
- ☐ LOCATION CHANGE

DEA # Exp Date

Jennifer Ann Ogden — PHARMACIST IN CHARGE
Check if PIC present at time of inspection ☐ If not present:
PIC 6963 LIC # 03 20 Exp.

PHARMACIST ON DUTY — LIC # — Exp.

Type of facility

☑ Retail Chain ☐ Retail Independent ☐ Nuclear Pharmacy ☐ Long Term Care Pharmacy ☐ Opiate Treatment Program/Center
☐ Automated Dispensing ☐ Central Fill Pharmacy ☐ Central Fill Processing ☐ Hospital ☐ Free Clinic ☐ Rural Health Center

YES	NO		
1. ☑	☐	Pharmacy license posted visibly and valid	
2. ☑	☐	Pharmacist licenses posted and valid	
3. ☑	☐	Pharmacy Technician licenses posted and valid	
4. ☐	☐	Observation at point of arrival for inspection – pharmacy technician were under appropriate supervision & ratio compliance. #	
5. ☑	☐	PIC Name displayed on license matches PIC identified at time of this inspection	
6. ☑	☐	PIC meets minimum 30 hours /week or 40% of hours Rx is open	
	☐	Are there any waivers issued to this pharmacy, if yes identify below.	
7. ☐	☑	PIC is authorized for more than one location. List other site(s) below.	
8. ☑	☐	Hours of operation are being met – 40 hours per week of operation	
	☐	Are there any waivers issued to this pharmacy, if yes identify below:	
9. ☐	☐	Pharmacy hours prominently posted in public area N/A	
10. ☑	☐	Prescription filling area meets minimum 200 sq ft	
	☐	Are there any waivers issued to this pharmacy, if yes identify below	
11. ☐	☑	Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section.	
12. ☑	☐	Heat – adequate and operational	
13. ☑	☐	Lighting – appropriate for practice	
14. ☑	☐	Water supply – adequate hot & cold and safe	
		☑ Public ☐ Private, last tested _____	
15. ☑	☐	Plumbing appears to be functioning properly	
16. ☑	☐	Electrical appears to be functioning properly	
17. ☑	☐	Sink – clean and sanitary	
18. ☑	☐	Pharmacy – overall cleanliness and free from harmful debris	
19. ☑	☐	☐ N/A Restroom – clean / operational / proper supply soap & paper towels	
20. ☐	☐	☑ N/A Drive Thru Pharmacy – safe and secure	
21. ☑	☐	Refrigerator for drug storage – clean and operating, no food products	
22. ☑	☐	Safety cap containers	
23. ☑	☐	Appropriate Rx labels	
24. ☑	☐	Rx balance ☑ Electronic ☐ Manual	
25. ☑	☐	Spatula, non-metal (1) – clean	
26. ☑	☐	Spatula, metal (2) – clean	
27. ☑	☐	Mortar and pestle (2) – clean	
28. ☐	☑	Graduates assorted (4) – clean	
29. ☑	☐	Alarm system (C.13(6)(5)) separate and independent from other systems	

YES	NO		
30. ☑	☐	Security barrier (C.13(6)(4))	
		☑ extends from floor to ceiling ☐ extends from counter to ceiling	
		☑ operational locking system ☐ key ☐ combination ☑ activation code	
31. ☐	☑	Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images	
		☑ Facility conforms to 6/30/2010 requirements	
		☐ Facility DOES NOT yet conform to the 6/30/2010 requirements	
32. ☑	☐	Professional reference library, including drug interactions	
		Type of format: ☐ hardcopy ☐ computer/Internet ☐ CD	
33. ☑	☐	Maine Pharmacy Law and Rules at site	
		Type of format: ☐ hardcopy ☐ computer/Internet ☐ CD	
34. ☑	☐	Pharmacy Technician Training Program	
		Type of format: ☑ hardcopy ☐ computer/Internet ☐ CD	
35. ☐	☐	CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand. Book organized and legible. N/A	
36. ☐	☐	CII emergency prescriptions. Monitored in timely manner. N/A	
37. ☑	☐	Pharmacy able to produce records for immediate past 12-months (C.24(5))	
38. ☐	☐	DEA 222 forms ☐ (manual) Paper Forms ☐ E-222 order system N	
39. ☐	☐	☐ N/A Power of Attorney; current, valid and up-to-date files N/A	
40. ☑	☐	Prescription information complete	
41. ☑	☐	Prescriptions readily retrievable	
42. ☑	☐	Random audit conducted (random check each aisle)	
43. ☑	☐	Stock – all drugs on shelves within expiration date	
44. ☐	☐	CII Stock ☐ Dispersed ☐ camera monitored N/A	
		☐ Locked Safe, appropriate & independently alarmed	
45. ☐	☐	Biennial inventory date N/A	
46. ☐	☐	Biennial inventory completed – Date completed _____	
47. ☐	☑	IVs Compounded ?	
48. ☐	☐	__N/A … Biological safety cabinet for prep of low to moderate risk agents.	
49. ☐	☐	__N/A … Class 1000 Room Class 1000 Room Expiration Date	
50. ☐	☐	__N/A… Class 100 Hood Class 100 Hood Expiration Date	
51. ☐	☐	Waiting prescription access, secure, confidentiality observed N/A	
52. ☐	☐	Has this pharmacy filed a Form 106 in past 12 months? If yes, N/A	
		date filed _____ Copy requested for inspection purposes	
53. ☐	☑	Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained	
54. ☐	☐	Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented ☐ Electronic or ☐ Paper Signature recording N/A	
55. ☐	☐	Patient counseling (C.25) separate private area provided N/A	
		☐ separate room ☐ away from flow ☐ close to flow	

List of pharmacists employed by this pharmacy

1. Pharmacist Name	Pharmacist Lic No	Exp Date	6. Pharmacist Name	Pharmacist Lic No	Exp Date
Debra Bennett	PR[illegible]		Jennifer Ann Healy	PR97012	12 31 20
2. Pharmacist Name	Pharmacist Lic No	Exp Date	7. Pharmacist Name	Pharmacist Lic No	Exp Date
Shawnda Fitzpatrick	PR5116	12 31 20			
3. Pharmacist Name	Pharmacist Lic No	Exp Date	8. Pharmacist Name	Pharmacist Lic No	Exp Date
Leah Victoria Grabarz	PR37510	12 31 20			
4. Pharmacist Name	Pharmacist Lic No	Exp Date	9. Pharmacist Name	Pharmacist Lic No	Exp Date
Ira Greenstein	PR6[illegible]	12 31 20			
5. Pharmacist Name	Pharmacist Lic No	Exp Date	10. Pharmacist Name	Pharmacist Lic No	Exp Date
Greg Martin O'Grady	PR65550	12 31 20			

List of pharmacy technicians employed by this pharmacy

1. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☑ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Garth Patrick Ehnes	PT6 - 0010563	12 31 20
2. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
3. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
4. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
5. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
6. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
7. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
8. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
9. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
10. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	

INSPECTION COMMENTS

YES NO

☑ ☐ Inspection results reviewed with PIC or POD – Signature Jennifer A Healy Date 3-2-2020

☐ ☑ Insufficiencies noted w/correction order? Compliance Date _____

☐ ☐ Citation issued for this inspection? Citation # _____

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

COVETRUS NORTH AMERICA LLC

PHARMACY

License Number: PH50001716
Status: Active
Expiration Date: 12/31/2022

Street Location Address: 12 MOUNTFORT ST UNIT 2
PORTLAND, ME 04101-4307
Mailing Address: 12 MOUNTFORT ST UNIT 2
PORTLAND, ME 04101-4307
Primary Phone: +1 (855) 838-3282
Fax: +1 (800) 270-8040

History

License Type	Start Date	End Date
PHARMACY	01/06/2022	12/31/2022

Employee (11 records) hide

Name	Issue Date	License Number
JARED SAMUEL BOROWIK	01/07/2022	PR45901
AMANDA A. CLARK	01/07/2022	PR46839
DEBRA L. DEMELO	01/07/2022	PR4664
SHANNA FITZPATRICK	01/07/2022	PR5116
IAN D. GREENSTEIN	01/07/2022	PR69014
RIANA A. LINCOLN	01/07/2022	PR70634
SHAUNA MYLES	01/20/2022	PR5832
GREG MARTIN O'GRADY	01/07/2022	PR68580
JENNIFER ANN O'GRADY	01/07/2022	PR47096
SARA E. PARKER	01/07/2022	PR5212
JUSTIN WILLIAM RICHARDS	01/07/2022	PR69502

Technician (7 records) hide

Name	Issue Date	License Number
DANIEL C. BOUFFARD	01/07/2022	PT60016687
MARY L. CZENKUSCH	01/07/2022	PT60013050
GARTH PATRICK EBNER	01/07/2022	PT60010568
DANIELLE M. GRAHAM	01/07/2022	PT60016722
LISA M. GRANT	01/07/2022	PT60007717
REGINA P. LANGLEY-WHITE	01/07/2022	PT60015394
BRANDI L. PUGH	01/07/2022	PT60016232

Responsible Individual (1 record) hide

Name	License Number
GREG MARTIN O'GRADY	PIC68988

Contacts (5 records) hide

Type	Contact
Designated Corporate Officer	THOMAS FORTE 400 METRO PL N DUBLIN, OH 43017-3378
Corporate Officer	MARIO LOMBARDI 400 METRO PL N DUBLIN, OH 43017-3378
Shareholder	W.A. BUTLER COMPANY 12 MOUNTFORT ST UNIT 2 PORTLAND, ME 04101-4307 Phone: +1 (855) 838-3282
Registered Agent	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
Corporate Officer	LEE WISE 400 METRO PL N DUBLIN, OH 43017-3378

License/Disciplinary Action

None.

Hours of Operation (1 record) hide

Description
PHARMACY SUNDAY: closed MONDAY: 0830-1630 TUESDAY: 0830-1630 WEDNESDAY: 0830-1630 THURSDAY: 0830-1630 FRIDAY: 0830-1630 SATURDAY: 0900-1100

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 01/24/2022 05:45:28 PM

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

VFC PHARMACY #101 LLC

PHARMACY

License Number: PH50001676
Status: Active
Expiration Date: 12/31/2021

Street Location Address: 12 MOUNTFORT ST UNIT 2
PORTLAND, ME 04101-4307
Mailing Address: 7 CUSTOM HOUSE ST STE 2
PORTLAND, ME 04101-4755
Primary Phone: +1 (855) 838-3282

History

License Type	Start Date	End Date
PHARMACY	12/17/2018	12/31/2021

Alias, DBA or Trade Name (1 record) hide

Name
COVETRUS MAINE

Employee (10 records) hide

Name	Issue Date	License Number
KRISTEN M. CAMERON	11/13/2020	PR46826
AMANDA A. CLARK	11/13/2020	PR46839
DEBRA L. DEMELO	04/11/2019	PR4664
SHANNA FITZPATRICK	02/25/2019	PR5116
LEAH VICTORIA GRABARZ	04/11/2019	PR27890
IAN D. GREENSTEIN	04/11/2019	PR69014
GREG MARTIN O'GRADY	11/12/2019	PR68580
JENNIFER ANN O'GRADY	11/03/2019	PR47096
SARA E. PARKER	11/13/2020	PR5212
JUSTIN WILLIAM RICHARDS	11/13/2020	PR69502

Technician (6 records) hide

Name	Issue Date	License Number
ELIZA A. CROWLEY	06/17/2021	PT60016171
MARY L. CZENKUSCH	05/26/2020	PT60013050
GARTH PATRICK EBNER	05/01/2019	PT60010568
LISA M. GRANT	08/31/2021	PT60007717
REGINA P. LANGLEY-WHITE	09/11/2020	PT60015394
BRANDI L. PUGH	08/30/2021	PT60016232

Authority (1 record) hide

Description	Issue Date	Termination Date	Expiration Date	Status
VETERINARY/ANIMAL SPECIALTY	12/10/2018		None	Active

Responsible Individual (1 record) hide

Name	License Number
GREG MARTIN O'GRADY	PIC68988

Contacts (4 records) hide

Type	Contact
Corporate Officer	PRESIDENT, TREASURER, SECRETARY GEORGIA WRAIGHT 7 CUSTOM HOUSE ST STE 2 PORTLAND, ME 04101-4755 Phone: +1 (855) 838-3282
Designated Corporate Officer	PRESIDENT, TREASURER, SECRETARY GEORGIA WRAIGHT 7 CUSTOM HOUSE ST STE 2 PORTLAND, ME 04101-4755 Phone: +1 (855) 838-3282
Registered Agent	CORPORATE SERVICE CORPORATION 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9801
Shareholder	VFC EAST LLC 7 CUSTOM HOUSE ST STE 5 PORTLAND, ME 04101-4185 Phone: +1 (855) 838-3282

License/Disciplinary Action

None.

Hours of Operation (1 record) hide

Description

SUNDAY: Closed
MONDAY: 830 - 1630
TUESDAY: 830 - 1630
WEDNESDAY: 830 - 1630
THURSDAY: 830 - 1630
FRIDAY: 830 - 1630
SATURDAY: Closed

GENERAL INFORMATION

Inspections (2 records) hide

Date	Type	Status	Inspector Name	License Number
03/02/2020	PERIODIC	PASSED		
03/14/2019	PERIODIC	PASSED		

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information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 11/06/2021 02:03:30 PM

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV8088456	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	04-14-2021

VFC PHARMACY #101 LLC
COVETRUS MAINE
12 MOUNTFORT ST.
UNIT 2
PORTLAND, ME 04101

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV8088456	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	04-14-2021

VFC PHARMACY #101 LLC
COVETRUS MAINE
12 MOUNTFORT ST.
UNIT 2
PORTLAND, ME 04101

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03889

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Curexa - East II, LLC d/b/a Curexa

Physical Address: 236 E. Jimmie Leeds Rd., Galloway, NJ 08205

Mailing Address: Same as Physical Address.

City: _____ State: _____ Zip Code: _____

Telephone: 855-927-0390 Fax: 855-927-0392

Toll Free Number: 855-927-0390 (Required per NAC 639.708)

E-mail: rtaylor@curexa.com Website: www.curexa.com

Managing Pharmacist: Ryan Kelso Taylor License Number: 21457

TYPE OF PHARMACY AND SERVICES PROVIDED (PHARM)

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	Off-site Cognitive Services
☐	☐ Hospital (# beds ____)	☐	Parenteral **
☐	☐ Internet	☐	Parenteral (outpatient)
☐	☐ Nuclear	☐	Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	Community	☐	☐ Long Term Care
☐	☐ Other: _____	☐	☐ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	_____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mark Kelso Taylor, CEO and President
Print Name of Authorized Person

7/29/2021
Date

Board Use Only Date Processed:_____ Amount: 500 CHK# 02136148

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION (LLC)

State of Incorporation: Delaware

Parent Company if any: Curexa, LLC

Mailing Address: 3007 Ocean Heights Ave.

City: Egg Harbor Township State: NJ Zip: 08234

Telephone: 855-927-0390 Fax: 855-927-0392

Contact Person: Mark Kelso Taylor, CEO and President

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A. See attached Officer Information and Structure Chart
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am 4:00 pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ryan Kelso Taylor

Responsible Person of Curexa - East II, LLC d/b/a Curexa

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ryan Kelso Taylor, PIC
Print Name of Authorized Person

7/30/2021
Date

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/07/2022
Amount:
License #: 21451

Ryan K. Taylor

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/07/2022
Expires:10/31/2023

Ryan K. Taylor

License #
21451
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21451
Effective Date:03/07/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Ryan K. Taylor

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ATLANTIC COUNTY)

I, Mark Kelso Taylor, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO and President for Curexa - East II LLC d/b/a Curexa(the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mark Kelso Taylor, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

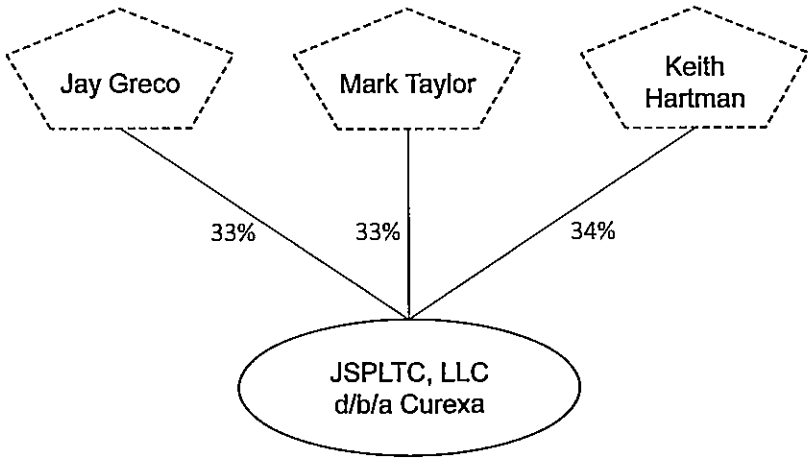
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
30TH day of JULY, 2021.

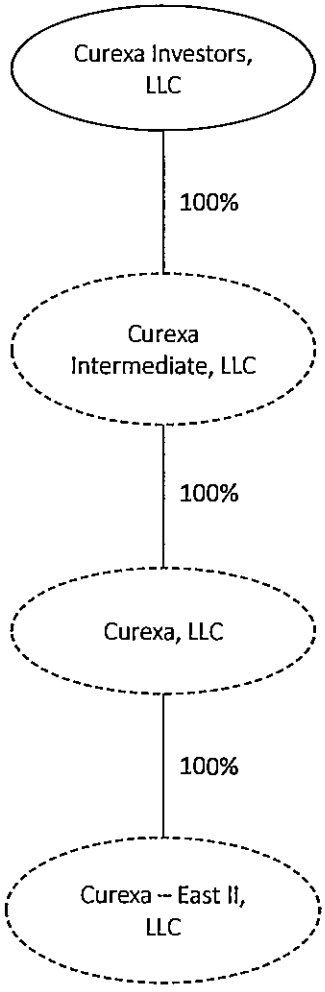
"OFFICIAL SEAL"
NATALIA JO LIPSCOMB
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/15/2022

NOTARY PUBLIC

PRE-CLOSING STRUCTURE



POST-CLOSING STRUCTURE



Officer Information for Curexa - East II, LLC

Curexa - East II, LLC
236 E. Jimmie Leeds Rd.,
Galloway, NJ 08205
FEIN: 87-0823733

Curexa - East II, LLC will have the following officers. The CEO and President, Mark Taylor, is a pharmacist licensed in New Jersey:

1. Mark Kelso Taylor

   CEO and President
   Home Address: [redacted] S. 4th Avenue, Galloway, NJ 08205
   DOB: [redacted]
   Telephone: [redacted]
   Email: mtaylor@curexa.com
   SSN: [redacted]
   New Jersey Pharmacist License Number/Expiration Date: 28RI02157700 / 04-30-2023

2. Robert L. Jenkins

   Treasurer and Secretary
   Home Address: [redacted] Stacie Court, Summit, NJ 07901
   DOB: [redacted]
   Telephone: [redacted]
   Email: rjenkins@pouschinecook.com
   SSN: [redacted]

3. Brian Mason Harrison

   Assistant Treasurer and Assistant Secretary
   Home Address: [redacted] Desbrosses Street, #518, New York, NY 10013
   DOB: [redacted]
   Telephone: [redacted]
   Email: bharrison@pouschinecook.com
   SSN: [redacted]

10001361 . 2/000306-1/1-0

1: 2
289/656

CUREXA
236 E JIMMIE LEEDS RD
GALLOWAY, NJ 08205-4134

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FJ0874657	08-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-23-2019

CUREXA
236 E JIMMIE LEEDS RD
SUITE C
GALLOWAY, NJ 08205-4134

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FJ0874657	08-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-23-2019

CUREXA
236 E JIMMIE LEEDS RD
SUITE C
GALLOWAY, NJ 08205-4134

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUREXA - EAST II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUREXA - EAST II, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5892064 8300

SR# 20220598675

Authentication: 202708858

Date: 02-18-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CONSUMER AFFAIRS

CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER

D12074400

CUREXA - EAST II, LLC D/B/A CUREXA
CUREXA - EAST II, LLC D/B/A CUREXA
236 E. Jimmie Leeds Rd.
Galloway NJ 08205

IS REGISTERED AS: **CDS Pharmacy** FOR SCHEDULES: **2 3 4 5**

12/22/2021 TO 10/31/2022	FC1055842	28RS00785700
VALID	DEA NO.	LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

Click here to Verify "CDS Pharmacy"

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

CUREXA - EAST II, LLC D/B/A CUREXA
RYAN TAYLOR
236 E. Jimmie Leeds Rd.
Galloway NJ 08205

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

11/10/2021 TO 06/30/2022
VALID

28RS00785700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Curexa - East II, LLC d/b/a Curexa

Address: 236 E. Jimmie Leeds Rd.

City: Galloway State: NJ Zip: 08205

I hereby authorize the New Jersey Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
28RS0068060	Active	5/20/2008	6/30/2022

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☒ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
[signature]	Agency Svcs. Dep.	N.J.	8/24/2021	

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e-Profile ID 790173

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

1.00 General Pharmacy Inspection

Business or Corporation:	JSPLTC (Jersey Shore Pharmacy)			Day 1:	12/19/2017	Inspector(s) and Affiliation
Doing Business As (DBA):	Curexa			Start Time: *24-hour format (13:00)*	10:00	Peter Ragosta, NABP
Address:	236 E. Jimmie Leeds Road Ste C			End Time: *24-hour format (13:00)*	15:00	
City:	Galloway			Day 2:		
State:	NJ	Zip Code:	02805	Start Time: *24-hour format (13:00)*		
Telephone number:	855-927-0390			End Time: *24-hour format (13:00)*		Inspection performed by: X NABP ___ State
Toll-Free number:	855-927-0390			Pharmacist-in-Charge	Sean Swisher	
Fax number:	855-927-0392			PIC email	sswisher@curexa.com	
Website:	www.curexa.com			Nonsterile Compounding Manager		

Hours of Operation *In 24-hour format (13:00),* ***leave blank if closed.***

Sun	Mon	Tues	Wed	Thu	Fri	Sat
	9:00	9:00	9:00	9:00	9:00	
	17:00	17:00	17:00	17:00	17:00	

Sterile Compounding Manager			
Hazardous Compounding Supervisor			

		Y	N	Notes
2.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	X		
3.00	Are there any other businesses located at this address? *If so, note type of business and name.*	X		SUITE A - CUREXA NON-DISPENSING DATA ENTRY OFFICE FOR CENTRAL FILL LOCATION; SUITE B IS RENTED BY A COMPANY CALLED "DR. PAIN"
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*		X	

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5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If so, list.*	X		ACCREDITATION RECEIVED BY OTHER BUSINESS IS LINKED: UCAP, FOCUS SCRIP, PCAB, URAC, HCAC
6.00	Does the pharmacy allow patients to enter/update profile and medical information through the website?		X	
7.00	Are patients able to order or refill prescriptions through the website? *If so, describe.*	X		NOT FOR THIS LOCATION
8.00	Are photographs allowed during the inspection (no PHI)?	X		
9.00	**List of additional personnel interviewed as part of the inspection:** SEAN SWISHER, PIC; KEVIN JUDEICH, CPhT (COMPLIANCE ANALYST); JULIE CAMPON,RPH (DIR OF CLINICAL OPERATIONS)	**Y**	**N**	

10.00 **List of personnel present at the time of the inspection.** Include the PIC, if present. **If more than 10, list the first 10 below, then list the title and number (e.g.: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc.) for the additional personnel present.**

	Name	Title	License or registration available and current		Name	Title	License or registration available and current
1	CHRISTINA LEMON	CLINICAL PHARMACIST	Y	6	SIENA YEDRA	CPHT	Y
2	SEAN SWISHER	PIC - RX MANAGER	Y	7	KEVIN JUDEICH	CPHT	Y
3	ASHLEY FERRIOZZI	CPHT	Y	8	JULIE CAMPON	RPH	Y
4	ROHINI MCCARDELL	CPHT	Y	9	GINA D'AIELLO	PA - DIR OF CLIN SERV	Y
5	AMY TORRES	CPHT	Y	10	LAUREN BERTONAZZI	CPHT	Y

If more than 10, list the number/title of additional personnel present (e.g.: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks etc.). 2 EMPLOYEES WORKING AS CLINICAL SERVICE COORDINATOR AND PHARMACY LIAISON RESPECTIVELY. ONE OF THESE INDIVIDUALS HAS A LICENSE PENDING AND THE OTHER DOES NOT.

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11.00

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc.)

License/Registration Agency:	License Type:	Business Name on License/Registration:	License/ Registration Number:	Expiration Date:	Frequency of renewal
NJ BOARD OF PHARMACY	PHARMACY	CUREXA PHARMACY	28RS00680600	6/30/2018	1 YEAR
CDS REGISTRATION	CONTROLLED SUBSTANCE	CUREXA PHARMACY	D09301500	6/30/2018	1 YEAR
DRUG ENFORCEMENT AGENCY	DEA REGISTRATION	CUREXA PHARMACY	FJ0874657	8/31/2019	2 YEARS

Inspector Notes: PHARMACY COMPLIANCE ANALYST ANSWERED MOST OF INSPECTOR'S QUESTIONS AND PRODUCED REQUESTED DOCUMENTATION AND VALIDATION OF ACTIVITIES. THIS LOCATION AND LICENSE WAS FORMALLY A LONG TERM CARE PHARMACY AND ACCORDING TO THE STAFF INTERVIEWED DURING THIS INSPECTION, IS NOW FOCUSED ON SPECIALTY PHARMACY PRACTICE. ACCORDING TO STAFF INTERVIEWED, THE PHARMACY IS OPEN TO THE PUBLIC, ALTHOUGH THERE IS LITTLE TO NO PUBLIC TRAFFIC WHICH ALLOWS IT TO BE OPERATED AS A CLOSED DOOR BUSINESS. THERE IS A PHYSICIAN'S ASSISTANT THAT IS A CLINICAL COORDINATOR ON STAFF AND IS LISTED AS "OTHER LICENSED PERSONNEL".

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	Type(s) of practice Type "X" for all that apply				Facility Size in Square Feet and Number of PECs		Volume Dispensed		Personnel	
	Traditional retail	X	Institutional		Total Pharmacy size:	2500	**Total Prescriptions Dispensed/day:**	60	Total Pharmacists:	6
	Open to the Public	X	Long-Term Care	X	Nonsterile Compounding Room size:	0	% Veterinary Prescriptions	0%	Number of Compounding Pharmacists	0
	Closed Door	X	HMO/PBM only		Nonsterile Compounding powder hoods number:	0	% Controlled Substance Prescriptions	1%	Total Graduate Students or Residents:	0
	Drive-through window		Internet Pharmacy		Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	% Nonsterile Compounded Prescriptions	0	Total Student Interns:	0
	Mail/Deliver (in state)	X	Telepharmacy		Nonsterile HD Compounding BSC/CACI hoods number:	0	% Sterile Compounded Prescriptions	0	Total Technicians:	7
	Mail/Deliver (out-of-state list below)	X	Central Fill/Processing/ Shared Services	X	Sterile Compounding Ante Room size:	0	% Hazardous Drugs (HD) Prescriptions	0	Number of Compounding Technicians	0
12.00	Veterinary Pharmacy		Specialty Pharmacy	X	Sterile Compounding Clean/Buffer Room size:	0	**Volume Distributed**		Of technicians, how many are certified?	7
	Investigational Drugs, Clinical Trials/Research		Handles Medical Marijuana		Sterile Compounding Number LAFW hoods/areas:	0	**Total Orders Distributed/day:**	0	Of technicians, how many are techs-in-training?	0
	Nuclear Pharmacy				Sterile Compounding Number BSC hoods:	0	% Veterinary Orders	0	Total Other Licensed Personnel:	1
	Manufacturer		Wholesale Distributor		Sterile Compounding Number CAI/CACI hoods:	0	% Controlled Substance Orders	0	Total Other Unlicensed Personnel:	2
	Outsourcing Facility		Provide products for "Office Use"		Negative Pressure Sterile HD Room size:	0	% Nonsterile Compounded Orders	0	Ratio #tech:#RPh present at time of inspection:	4 TO 1
	Nonsterile Compounding		Nonsterile Hazardous Drug Compounding		Sterile HD Compounding Number of BSC hoods:	0	% Sterile Compounded Orders	0	**Total Pharmacist Hours Per Week:**	75
	Sterile Compounding		Sterile Hazardous Drug Compounding		Sterile HD Compounding Number of CACI hoods:	0	% Hazardous Drugs (HD) Orders	0	**Total Technician Hours Per Week:**	240

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

	State	Volume dispensed	/day, week	Volume DISTRIBUTED	/day, week		State	Volume dispensed	/day, week	Volume DISTRIBUTED	/day, week
	NJ	70	WEEK								
	PA	10	WEEK								
	AK	0	WEEK								
	CO	0	WEEK								
	CT	0	WEEK								
	FL	0	WEEK								
	OH	0	WEEK								
	VT	0	WEEK								

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Types of Practice Additional Questions If any part of a question is no, enter "N" and explain the observation.			Y	N	?	NA	Notes
13.00	If the pharmacy mails or delivers <u>filled prescriptions</u> (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If so, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*		X				60 TO 75% DELIVERIES GO TO LONG TERM CARE FACILITIES IN THIS STATE AND 5% OUT OF STATE. NOT TO PROVIDERS JUST FACILITIES.
14.00	Does the pharmacy provide prescription products to a provider or facility <u>for "office use"</u> (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If so, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*			X			
15.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?			X			
15.01		If so, is the percentage of product distributed at wholesale to providers or facilities <u>within this state</u> less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*				X	
15.02		If so, is the percentage of product distributed at wholesale to providers or facilities <u>in other states</u> less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*				X	

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	General Operations and Licensure If any part of a question is no, enter "N" and explain the observation.	Y	N	?	NA	Notes
16.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc.) posted in customers' view and current? *Provide details if "no", such as closed-door pharmacy.*	X				
17.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	X				MOST RECENT INSPECTION BY NJ BOP ON 1/23/15 AND PREVIOUS INSPECTION ON 11/16/12
18.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	X				DEFICIENCIES NOTED: NO NAME TAGS AND DISCOVERY OF EXPIRED DRUGS; CORRECTIONS WERE MADE.
19.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*		X			
20.00	Has this pharmacy been inspected by any other state for which it holds a license? *If so, note the state and the date of the inspection and frequency of inspections by other states.*		X			
21.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If so, note the exemption or restriction.*		X			
22.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If so, note the waiver or variance.*	Y	N	?	NA	
			X			
23.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc.)? *If so, note the agency and additional item.*		X			
24.00	Has the pharmacy been inspected by the DEA? *If so, indicate the inspection date and note any deficiencies. Also note how frequently the pharmacy is inspected by the DEA.*		X			
25.00	Has the pharmacy been inspected by the FDA? *If so, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*		X			
26.00	Does the pharmacy hold any accreditations or certifications? *If so, indicate which in notes.*		X			
27.00	Has the pharmacy held any accreditations or certifications in the past that have been rescinded or suspended? *Provide a list and the reasons for discontinuation.*		X			

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			Y	N	?	NA	
28.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc.? *If so, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed. Verify that the lab director is current (usually the PIC is the lab director named).*			X			
29.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *How long are records kept? If not on site, where?*				X		PRODUCED ELECTRONIC RECORDS OF PRESCRIPTIONS THAT WENT BACK 7 YEARS BUT DID NOT HAVE HARD COPIES SINCE THEY WERE SOLD TO A LARGE LTC PHARMACY. HAD FILES OF RECENT RXS FILLED. UNABLE TO PRODUCE ANY HARD COPY INVOICES (EXCEPT ONE) FOR INSPECTOR TO REVIEW ON SITE. SHOWED INSPECTOR ELECTRONIC CONFIRMATIONS OF CONTROLLED SUBSTANCES ORDERED BUT NO PAPER COPIES. PIC UNDERSTOOD THAT RXS ARE RETAINED FOR 7 YEARS AND INVOICES ARE RETAINED FOR 2 YEARS.
29.01		Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how they are accessed.*	X				
29.02		Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Note if they are kept electronically or printed and kept in hard copy, and if off site: how they are accessed.*	X				ELECTRONIC AND PAPER ON SITE FOR RECENT SCRIPTS. ELECTRONIC ONLY FOR PAST SCRIPTS (DUE TO SALE).
29.03		Are all dispensing records (refills, verifications, DUR overrides, kept on site for the entire retention period? *Note if they are kept electronically or printed and kept in hard copy, and if off site: how they are accessed.*	X				ELECTRONICALLY STORED AND RETAINED FOR THE RETENTION PERIOD.

Personnel **If any part of a question is no, enter "N" and explain the observation.**		Y	N	?	NA	**Notes**
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *How is this documented?*	X				PRIMARY SOURCE VERIFICATION TO NJ BOP UPON HIRE AND YEARLY THEREAFTER
31.00	Is there a process for periodic verification of validity of licenses? *Describe.*	X				DURING PERFORMANCE REVIEWS STATUS IS CHECKED ON STATE WEBSITE
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *Are the certifications current? (Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification.*				X	

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33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Indicate ratio used and the maximum number of staff who work at the same time.*		X			4 TO 1 RATIO WITH A MAX OF 10 EMPLOYEES.
	Facility and Security **If any part of a question is no, enter "N" and explain the observation.**	**Y**	**N**	**?**	**NA**	**Notes**
34.00	Does the pharmacy have a working security/alarm system in place that is in compliance with the laws and regulations of the resident state?	X				
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	X				LOCKED CABINET INSIDE LOCKED ROOM WITH SECURITY CAMERA.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *How will the drug products be secured and handled?*	X				BACKUP GENERATOR TO POWER ALARM SYSTEM AND WOULD MOVE PRODUCTS TO OTHER PHARMACY LOCATION IF NECESSARY.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked.*	X				
37.01	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc.), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*				X	
37.02	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *Indicate name of reverse distributor used, if applicable.*	X				NATIONAL PHARMACEUTICAL RETURNS (NPR)
37.03	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *Indicate how often the bin is emptied/collected and the vendor used.*			X		NO BIN ON SITE WHEN INSPECTOR ASKED TO VIEW; PRODUCED AN INVOICE TO SHOW THAT THIS SERVICE WAS IN PLACE (MEDFLEX).

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38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Y	N	?	NA	
		X				
39.00	Is temperature in the drug storage area monitored? *Describe the process and if it is manual, mechanical, or electronic. Indicate range. How are excursions detected? How long are records maintained?*	X				MANUALLY CHECKED. TEMP WAS 70 F. EXCURSIONS ARE DETECTED VIA SENSOR PUSH NOTIFICATIONS. USP RANGE
39.01	Is the temperature in the drug storage area within the USP range for controlled room temperature (20°-25°C or 68°-77 °F)? *Record the temperature at the time of inspection.*	X				70 F
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	X				
41.00	The pharmacy has a process for how the refrigerator temperature is monitored for excursions 24/7. *Describe the process. Indicate range. How are excursions detected? How long are records maintained?*	X				SENSOR PUSH NOTIFICATIONS. WILL MAINTAIN RECORDS FOR 2 YEARS ON A "GO FORWARD" BASIS. USP RANGE
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F)? *Record the temperature of the refrigerator at the time of inspection.*	X				2 REFRIGERATOR READINGS CHECKED AT 5.8 C AND 4.2 C RESPECTIVELY.
		Y	N	?	NA	
42.00	The pharmacy has a process for how the freezer temperature is monitored for excursions 24/7. *Describe the process. Indicate range. How are excursions detected? How long are records maintained?*	X				SENSOR PUSH NOTIFICATIONS. WILL MAINTAIN RECORDS FOR 2 YEARS ON A "GO FORWARD" BASIS. USP RANGE
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F)? *Record the temperature of the freezer at the time of inspection.*			X		SENSORS PRESENT BUT NO GAUGE FOR INSPECTOR TO VISUALLY CHECK TEMP. FREEZERS HAD ICE PACKS BUT NO DRUG PRODUCT.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	X				BACKUP GENERATOR TO POWER REFRIG/FREEZERS AND WOULD MOVE PRODUCTS TO OTHER PHARMACY LOCATION IF NECESSARY.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	X				BACKUP GENERATOR FOR POWER AND AC/HEAT; WOULD MOVE PRODUCTS TO OTHER PHARMACY LOCATION IF NECESSARY.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	X				POLICY AND PROCEDURE MANUAL.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc.)? *List numbers and types.*	X				ONE PARATA MACHINE FOR MULTIDOSE OR SINGLE DOSE PACKING.

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	Product Receipt and Inventory If any part of a question is no, enter "N" and explain the observation.		Y	N	?	NA	Notes
47.00	Does the pharmacy restrict ordering to only approved wholesale distributors or manufacturers? *Indicate who approves suppliers.*		X				PRESIDENT AND VP
47.01		If the pharmacy is not restricted to vendors approved by the corporate office, or the pharmacy can purchase from other sources, are the other sources verified? *How?*				X	
47.02		Are all products received from authorized trading partners? *List trading partners.*	X				CARDINAL HEALTH AND ROCHESTER DRUG COMPANY
47.03		Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement) is received at the same time or before the product is received? *Explain procedure if transaction data not received.*	X				VERIFY PRODUCT RECEIVED AGAINST INVOICE AT THE SAME TIME. ENSURE THAT THERE IS AN INVOICE TO MATCH PRODUCT RECEIVED AGAINST OR THAT IT MATCHES THE CONFIRMATION REPORT WHEN ORDER WAS PLACED.
47.04		Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	X				FOLLOW CARDINAL OR ROCHESTER DRUG COMPANY INSTRUCTIONS FOR RECALL AND STAFF WOULD QUARANTINE PRODUCT.
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *Who on the staff has the authority (Power of Attorney) to sign the DEA-222 forms?*			X			2 POA PRODUCED: KEVIN JUDEICH AND KEITH HARTMAN (OWNER)
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances?		X				
			Y	N	?	NA	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*			X			INSPECTOR VIEWED COMPUTER ORDERS FOR CII DRUGS BUT NO CLEAR RECEIVING PROCESS AS TO THE NAME OF THE STAFF MEMBER THAT RECEIVED THE DRUGS COULD BE PRODUCED. ALSO NO PAPER INVOICES OF CONTROLLED SUBSTANCES WERE PRODUCED ON THIS SITE PER THE INSPECTOR'S REQUEST.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?			X			
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*		X				INSPECTOR WAS NOT ON THE PREMISES TO WITNESS A DELIVERY. PIC SAID THE PHARMACY IS ALWAYS OPEN WHEN DELIVERIES OCCUR AND AN RPH IS ALWAYS ON SITE.
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe.*			X			

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54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc.)*		X				MANUAL BINDER TO MAINTAIN PERPETUAL INVENTORYFOR CII RXS. NO SHRINK TOOL OR COMPUTERIZED SYSTEM IN PLACE.
54.01		Are incidents of diversion or resignation/termination of personnel for cause appropriately reported? *Indicate agencies/law enforcement to whom reports are made.*				X	HAVE NOT HAD TO DEAL WITH THIS BUT WOULD CONTACT BOP AND DEA IF IT OCCURS.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?		X				
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*		X				EACH TIME DISPENSED AND PERIODICALLY.
			Y	N	?	NA	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*		X				RECENT: 5/1/17 PREVIOUS: 4/30/15
57.01		Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc.)?	X				NEW PIC CAME ON AT SAME TIME BIENNIAL INV WAS TAKEN ON 4/20/15.
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? *If so, indicate if the sale is recorded electronically or manually in a logbook.*			X			
58.01		Are these products mailed, sent, or delivered into other states? *View logs. List the other states in the notes.*				X	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *Indicate product types.*			X			
59.01		Are these products mailed, sent, or delivered into other states? *View logs. List the other states in the Notes.*				X	
60.00	Are outdated, damaged, or recalled products segregated? *How often does the pharmacy check for out-of-date products? Does it include OTC products?*		X				QUARANTINED. CHECKED MONTHLY.
60.01		If the pharmacy destroys products on site, are appropriate records kept of the destruction? *View logs.*				X	
60.02		Does the pharmacy use a reverse distributor? *If so, indicate name of reverse distributor used.*	X				NPR

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61.00	Does the pharmacy **repackage** bulk containers of prescription medications into smaller containers for ease of use? *What expiration date is used on the repacked container?*		X			
62.00	Does the pharmacy **prepack** bulk containers of prescription medications into unit-of-use quantities? *What expiration date is on the prepacked containers?*	X				USE MFG EXP DATE OR 1 YEAR FROM DATE DISPENSED.
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up? *Indicate if the products are returned to the bulk stock bottle or set on the shelf with the prescription label (with PHI obscured).*				X	PUT ON SHELF WITH REDACTED PHI.

Prescription Processing **If any part of a question is no, enter "N" and explain the observation.**			**Y**	**N**	**?**	**NA**	**Notes**
64.00		**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system.*	X				CERTIFIED PHARMACY TECHS
64.01		If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *How is it indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*				X	
65.00		**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	X				CALL PROVIDER TO CONFIRM.
65.01		Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	X				IN POLICY AND PROCEDURE MANUAL. STATE BOP AND LAW ENFORCEMENT ARE CONTACTED.
65.02		Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	X				SPEAK DIRECTLY WITH PROVIDERS TO VERIFY THEIR ADDRESSES AND FAX NUMBERS AS WELL AS CONFIRMING ADDRESSES OF PATIENTS.
65.03		Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	X				BOTH

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			Y	N	?	NA	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*		X				TECH CONTACTS PT FIRST TO VERIFY, TECH ENTERS, RPH VERIFIES AT DUR.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *At what point in the process does the DUR take place?*		X				IT TAKES PLACE TWICE: AT PRE-CHECK AND AT FINAL VERIFICATION.
67.01		Does the DUR include: • drug-drug interaction (Prescription and OTC) • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse) • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	X				
67.02		Does the pharmacy staff obtain additional information to use in the DUR process? *Describe.*		X			
67.03		Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	X				LEXICOMP AND DAILY MED
67.04		Does the pharmacy report appropriate data to the state PMP (in this state and the other states in which the pharmacy is licensed)?	X				

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			Y	N	?	NA	
67.05		Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	X				POLICY AND PROCEDURE MANUAL DETAILS THE PROCESS.
67.06		Are DUR overrides/bypasses documented? Indicate if documented via a password/biometric override or by computer logs.	X				VIA PASSWORD.
67.07		Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	X				MEDI-SPAN
67.08		If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed				X	
67.09		If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*				X	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*		X				BY RPH AT FINAL VERIFICATION. PIONEER COMPUTER SYSTEM TIME STAMPS THE NAME OF THE RPH.
69.00	Are filled prescriptions appropriately labeled?		X				
70.00	**Confidentiality:** Is access to the pharmacy computer system limited to appropriate personnel? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*		X				YES TO ALL OF THESE QUESTIONS. THE RX OPERATING SYSTEM IS PIONEER. IT DIRECTOR WOULD INACTIVATE ALL PASSWORDS FOR TERMINATED EMPLOYEES.
70.01		Does the pharmacy appropriately destroy PHI including labeled prescription vials?	X				
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?		X				

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			Y	N	?	NA	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: If the facility indicates "no", please ask each question below to verify.***			X			
72.01		Is patient information (demographics and contact information) and profile information (allergies, disease states, etc.) entered into the computer at another location?		X			
72.02		Are prescriptions received by another location (including written, telephone, fax, electronic)?		X			
72.03		Is prescription information entered into the computer system at another location?		X			
72.04		Is the accuracy of the prescription information entered into the computer verified at another location?		X			
72.05		Is any part of the DUR process (including assessing and acting on DUR alerts and warnings) performed at another location?		X			
72.06		Are any prescriptions dispensed or sold from this facility filled at another location? *If so, explain how the prescriptions are labeled including any identifier indicating it was filled at the other location.*		X			
72.07		If any of the above functions are performed at another location, is the other location under common ownership? *If not commonly owned, explain if there is a central fill or other agreement in place.*				X	
72.08		If any of the above functions are performed at another location, is that location in a different state than this facility? *If so, explain.*				X	
72.09		If any of the above functions are performed at another location, are there policies and procedures for the function that include maintaining records of the person(s) performing the function and accountability?				X	

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			Y	N	?	NA	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*			X			IN THE PAST BUT NO LONGER.
73.01		Do the emergency kits contain any compounded sterile products? If so, list.				X	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc.? *Note types and locations.*			X			
74.01		If so, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*				X	
74.02		Do the automated dispensing devices contain any compounded sterile products? If so, list.				X	

	Patient Counseling and Communication **If any part of a question is no, enter "N" and explain the observation.**		Y	N	?	NA	Notes
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?			X			OFFER
75.01		Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	X				TECH OR RPH
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?			X			OFFER
76.01		Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	X				
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?			X			OFFER
77.01		Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer"*	X				TECH OR RPH

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78.00	Is patient counseling provided for delivered prescriptions? *How? Printed information sent to patient, 800 number for patients to call, pharmacist calls patients directly, etc.?*	X				PRINTED INFORMATION AND OVER THE PHONE CONSULTATION. TOLL-FREE NUMBER IS PROVIDED.
79.00	Is patient counseling provided for mailed prescriptions? *How? Printed information sent to patient, 800 number for patients to call, pharmacist calls patients directly, etc.?*	X				PRINTED INFORMATION AND OVER THE PHONE CONSULTATION. TOLL-FREE NUMBER IS PROVIDED.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc.)? *How?*	Y X	N	?	NA	GENERATED VIA THE PIONEER SYSTEM.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc.)? *How?*	X				GENERATED VIA THE PIONEER SYSTEM.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn)*				X	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *How? Describe.*	X				VIA THE CLEO SYSTEM (CASE MGMT SOFTWARE) RECORDS COUNSELING OR THE REFUSAL OF COUNSELING ("OPT OUT").
84.00	Do patients have 24-hour access to a pharmacist? *How? Note: may not be required by the resident state.*	X				VIA TELEPHONE USING AN AFTER HOURS CALL CENTER SERVICE.
85.00	Are processes in place to handle a drug recall?	X				POLICY AND PROCEDURE MANUAL
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?		X			
86.01	Does the take-back program include controlled substances?				X	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If so, list.*				X	

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	Quality Assurance/Quality Improvement Program If any part of a question is no, enter "N" and explain the observation.		Y	N	?	NA	Notes
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *Who oversees the program?*		X				VICE PRESIDENT OVERSEES THE QMC COMMITTEE AND MEETS AT LEAST MONTHLY. THE PROGRAM IS DESCRIBED IN THE POLICY AND PROCEDURE MANUAL.
87.01		Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	X				
87.02		"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	X				
87.03		There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	X				

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			Y	N	?	NA	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*		X				HARD COPY
88.01		Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	X				
88.02		Documentation includes documenting the type of QRE details and how/who discovered the QRE.	X				
88.03		Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	X				
88.04		Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	X				
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc.)*		X				PHARMACY QUALITY COMMITTEE DOES SO WITH EACH EVENT AND QUARTERLY.
89.01		The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	X				
89.02		For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.				X	

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			Y	N	?	NA	
90.00	**Quality meetings** are held at least annually by staff members of the Pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.		X				
90.01		The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	X				
90.02		Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	X				
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*					X	
91.01		Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc.?	X				
91.02		Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc.) are documented and reported to the manufacturer or distributor.				X	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.		X				
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.		X				
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.		X				
			Y	N	?	NA	

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review
EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex

FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement
QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription

SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the spacific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with spacific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Rx Number	Patient Primary State	Prescriber Full Name	Dispensed Item Name	Dispensed Item NDC	Dispensed Quantity	Date Written	Date Filled
[redacted]	NJ	[redacted]	Humira 80-40 Mg Tablet	61958180101		28 9/18/2017	10/30/2017
	NJ		Zeppelin 50-100 Mg Tablet	00006307402		14 10/4/2017	10/30/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60 9/28/2017	10/30/2017
	NJ		Otezla 28 Day Starter Pack	59572063255		55 10/23/2017	10/30/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60 10/18/2017	10/30/2017
	NJ		Humira 100 Mg/2 Ml Kit Sdv	00074693401		4 9/27/2017	10/30/2017
	NJ		Cosentyx 150 Mg/ml Pen Injec	00078693968		4 10/20/2017	10/30/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2 9/13/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 8/2/2017	10/30/2017
	NJ		Xeljanz Tab 2Q	61958240101		28 10/18/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 9/8/2017	10/30/2017
	NJ		Mavyret 100 mg/40mg 84tb	00074262528		84 10/5/2017	10/30/2017
	NJ		Otezla Starter Kit 4 X 200mg/	59572071081		1 10/5/2017	10/30/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92 9/13/2017	10/30/2017
	NJ		Xtrazo 500 Mg Tablet	65649030202		60 9/8/2017	10/30/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6 10/26/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 9/8/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 9/20/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 9/11/2017	10/30/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		84 10/6/2017	10/30/2017
	NJ		Zeppelin 50-100 Mg Tablet	00006307402		28 10/24/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		4 9/16/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 8/25/2017	10/30/2017
	NJ		Rasuvo 25 Mg/0.5 Ml Autoinj	69197050004		1 10/20/2017	10/30/2017
	NJ		Venlafaxine 25 Mg Tablet	61958280101		30 8/22/2017	10/30/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1 10/24/2017	10/30/2017
	NJ		Ribavirin 200 Mg Tablet	00378200605		168 10/4/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 10/3/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 10/4/2017	10/30/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5 10/20/2017	10/30/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60 10/20/2017	10/30/2017
	NJ		Zeppelin 50-100 Mg Tablet	00006307402		28 10/4/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 8/28/2017	10/30/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202		2 8/20/2017	10/30/2017
	NJ		Xtrazo 500 Mg Tablet	65649030202		60 10/27/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 8/13/2017	10/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2 8/9/2017	10/30/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2 8/1/2017	10/30/2017
	NJ		Zeppelin 50-100 Mg Tablet	00006307402		14 10/11/2017	10/30/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92 8/21/2017	10/30/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1 9/5/2017	10/30/2017
	NJ		Zeppelin 50-100 Mg Tablet	00006307402		14 8/22/2017	10/30/2017

[redacted]	NJ	[redacted]	Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/16/2017	10/30/2017
	PA		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	7/20/2017	10/30/2017
	PA		Harvoni 90-400 Mg Tablet	61958180101		28	8/17/2017	10/30/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079		2	10/9/2017	10/30/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	8/1/2017	10/30/2017
	NJ		Ribavirin 200 Mg Tablet	68382004603		168	10/26/2017	10/31/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	9/11/2017	10/31/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	6/2/2017	10/31/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	10/26/2017	10/31/2017
	PA		Xeljanz Xr 11 Mg Tablet	00069050130		30	10/19/2017	10/31/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	9/6/2017	10/31/2017
	PA		Epclusa 400 Mg-100 Mg Table	61958220101		28	10/10/2017	10/31/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	9/27/2017	10/31/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	3/6/2017	11/1/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	9/22/2017	11/1/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	10/26/2017	11/1/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/21/2017	11/1/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	10/10/2017	11/1/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/25/2017	11/1/2017
	NJ		Trulance 3 Mg Tablet	70194000330		30	9/26/2017	11/1/2017
	NJ		Entecavir 0.5 Mg Tablet	69097042602		30	10/6/2017	11/1/2017
	NJ		Otrexup Auto-Injector 20 Mg/0.	54436002004		1.6	7/17/2017	11/1/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		42	9/18/2017	11/1/2017
	NJ		Viberzi 100 Mg Tablet	61874010060		60	10/4/2017	11/1/2017
	PA		Otezla Oral Tablet 30mg	59572063106		60	10/18/2017	11/1/2017
	PA		Praluent 75 Mg/ml Pen	00024590102		2	10/5/2017	11/1/2017
	PA		Triumeq 600-50-300 Mg Table	49702023113		30	2/15/2017	11/1/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	8/11/2017	11/2/2017
	NJ		Trulance 3 Mg Tablet	70194000330		90	7/26/2017	11/2/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	8/15/2017	11/2/2017
	NJ		Ribavirin 200 Mg Tablet	68382004603		168	9/21/2017	11/2/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	9/26/2017	11/2/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	9/26/2017	11/2/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/1/2017	11/2/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	7/27/2017	11/2/2017
	PA		Truvada 200-300 Tab	61958070101		30	11/1/2017	11/2/2017
	PA		Epclusa 400 Mg-100 Mg Table	61958220101		28	9/11/2017	11/2/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/3/2017	11/3/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	10/30/2017	11/3/2017
	NJ		Viread 300mg Tab	61958040101		30	8/31/2017	11/3/2017
	NJ		Humira Pfs Kit 40mg/0.8ml	00074379902		2	8/29/2017	11/3/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	2/15/2017	11/3/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		6	7/6/2017	11/3/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/20/2017	11/3/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202		2	9/21/2017	11/3/2017

[redacted]	NJ	[redacted]	Vosevi Tab 28	61958240101		28	9/22/2017 11/3/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	11/3/2017 11/3/2017
	NJ		Entecavir 0.5 Mg Tablet	31722083330		30	9/13/2017 11/3/2017
	NJ		Uceris Extended Release Tab	68012030930		90	8/11/2017 11/3/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	9/12/2017 11/3/2017
	NJ		Forteo 20 Mcg Injection	00002840001		2.4	10/5/2017 11/3/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	10/18/2017 11/3/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202		2	9/12/2017 11/3/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/28/2017 11/3/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	8/1/2017 11/3/2017
	PA		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/5/2017 11/3/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/9/2017 11/3/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	5/7/2017 11/6/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		42	11/6/2017 11/6/2017
	NJ		Trumeq 600-50-300 Mg Table	49702023113		30	7/18/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	9/27/2017 11/6/2017
	NJ		Entecavir 0.5 Mg Tablet	31722083330		30	9/20/2017 11/6/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92	11/6/2017 11/6/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/26/2017 11/6/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5	10/31/2017 11/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/24/2017 11/6/2017
	NJ		Simponi 50 Mg/0.5 Ml Pen Inje	57894007002		0.5	3/24/2017 11/6/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		84	9/28/2017 11/6/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		60	9/7/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	10/27/2017 11/6/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	2/23/2017 11/6/2017
	NJ		Viread 300mg Tab	61958040101		30	8/28/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	3/13/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/2/2017 11/6/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		84	10/3/2017 11/6/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	7/11/2017 11/6/2017
	NJ		Forteo 20 Mcg Injection	00002840001		2.4	3/28/2017 11/6/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	11/6/2017 11/6/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	10/17/2017 11/6/2017
	NJ		Ribavirin 200 Mg Tablet	68382004603		140	8/23/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	7/28/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	2/23/2017 11/6/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/3/2017 11/6/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	10/4/2017 11/6/2017
	PA		Vosevi Tab 28	61958240101		28	9/20/2017 11/6/2017
	PA		Zepatier 50-100 Mg Tablet	00006307402		28	9/25/2017 11/6/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/26/2017 11/7/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/2/2017 11/7/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/31/2017 11/7/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	7/6/2017 11/7/2017

[redacted] [redacted]

NJ	Cosentyx 150 Mg/ml Pen Injec	00078063968	4	10/23/2017	11/7/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	5/30/2017	11/7/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	7/25/2017	11/7/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	6/29/2017	11/7/2017
NJ	Tremfya 100 Mg/ml Syringe	57894064001	1	10/24/2017	11/7/2017
NJ	Enbrel 50mg Sureclick	58406044504	3.92	8/29/2017	11/7/2017
NJ	Zepatier 50-100 Mg Tablet	00006307402	28	8/10/2017	11/7/2017
NJ	Repatha 420 Mg/3.5 Ml Pushtr	55513077001	3.5	9/13/2017	11/7/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/20/2017	11/7/2017
NJ	Xifaxan 550 Mg Tablet	65649030302	42	9/18/2017	11/7/2017
PA	Odefsey 200-25-25 Mg Tab	61958210101	90	11/17/2016	11/7/2017
PA	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	7/26/2017	11/7/2017
PA	Humira Pfs Kit 40mg/0.8ml	00074379902	4	8/15/2017	11/7/2017
NJ	Vosevi Tab 28	61958240101	28	9/13/2017	11/8/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/11/2017	11/8/2017
NJ	Harvoni 90-400 Mg Tablet	61958180101	28	9/19/2017	11/8/2017
NJ	Viberzi 100 Mg Tablet	61874010060	60	7/26/2017	11/8/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/17/2017	11/8/2017
NJ	Mavyret 100mg/40mg 84tb	00074262528	84	11/3/2017	11/8/2017
NJ	Epclusa 400 Mg-100 Mg Table	61958220101	28	10/9/2017	11/8/2017
NJ	Harvoni 90-400 Mg Tablet	61958180101	28	10/17/2017	11/8/2017
NJ	Harvoni 90-400 Mg Tablet	61958180101	14	5/8/2017	11/9/2017
NJ	Epclusa 400 Mg-100 Mg Table	61958220101	28	10/30/2017	11/9/2017
NJ	Actemra 162 Mg/0.9 Ml Synng	50242013801	1.8	11/7/2017	11/9/2017
NJ	Repatha 140 Mg/ml Sureclick	55513076002	2	11/8/2017	11/9/2017
NJ	Xeljanz Xr 11 Mg Tablet	00069050130	30	8/3/2017	11/9/2017
NJ	Harvoni 90-400 Mg Tablet	61958180101	28	9/26/2017	11/9/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	4	7/31/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/8/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	9/15/2017	11/10/2017
NJ	Otezla Oral Tablet 30mg	59572063106	60	10/5/2017	11/10/2017
NJ	Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	8/4/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	8/25/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/10/2017	11/10/2017
NJ	Xifaxan 550 Mg Tablet	65649030302	42	10/27/2017	11/10/2017
NJ	Humira Pen-Ps Starter 40mg/0	00074433907	4	10/18/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	8/30/2017	11/10/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	6/16/2017	11/10/2017
NJ	Praluent 75 Mg/ml Pen	00024590102	2	10/10/2017	11/10/2017
PA	Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	10/30/2017	11/10/2017
NJ	Stelara Pfs 90mg/Ml	57894006103	1	11/8/2017	11/12/2017
PA	Stelara Pfs 90mg/Ml	57894006103	1	9/7/2017	11/12/2017
NJ	Humira Pen Kit 40 Mg/0.8ml	00074433902	2	5/25/2017	11/13/2017
NJ	Zepatier 50-100 Mg Tablet	00006307402	14	8/22/2017	11/13/2017
NJ	Zepatier 50-100 Mg Tablet	00006307402	28	10/11/2017	11/13/2017

[redacted]	NJ	[redacted]	Enbrel 50mg Sureclick	58406044504		3.92	11/9/2017	11/13/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	2/23/2017	11/13/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92	8/24/2017	11/13/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	11/2/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	7/14/2017	11/13/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	7/20/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	7/5/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/25/2017	11/13/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/11/2017	11/13/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	10/26/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	3/27/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	7/20/2017	11/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/3/2017	11/13/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/27/2017	11/13/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/4/2017	11/13/2017
	PA		Truvada 200-300 Tab	61958070101		30	2/28/2017	11/13/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	2/9/2017	11/13/2017
	PA		Repatha 420 Mg/3.5 Ml Pushtr	55513077001		3.5	7/24/2017	11/13/2017
	PA		Truvada 200-300 Tab	61958070101		30	8/8/2017	11/13/2017
	PA		Epclusa 400 Mg-100 Mg Table	61958220101		28	5/22/2017	11/13/2017
	NJ		Linzess 145 Mcg Capsule	00456120130		30	4/7/2017	11/14/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		60	10/5/2017	11/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	5/30/2017	11/14/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079		1	5/24/2017	11/14/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	7/17/2017	11/14/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/19/2017	11/14/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	10/19/2017	11/14/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	10/16/2017	11/14/2017
	NJ		Vosevi Tab 28	61958240101		84	11/9/2017	11/14/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/9/2017	11/14/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	10/25/2017	11/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/29/2017	11/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/26/2017	11/14/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079		1	2/17/2017	11/14/2017
	PA		Praluent 150 Mg/ml Pen	00024590202		2	9/13/2017	11/14/2017
	NJ		Viread 300mg Tab	61958040101		30	10/17/2017	11/15/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/26/2017	11/15/2017
	NJ		Kevzara 200 Mg/1.14 Ml Syrin	00024591001		2.28	10/18/2017	11/15/2017
	NJ		Repatha 140 Mg/ml Sureclick	55513076002		2	7/25/2017	11/15/2017
	PA		Mavyret 100mg/40mg 84tb	00074262528		84	10/18/2017	11/15/2017
	NJ		Humira Pen-Ps Starter 40mg/0	00074433907		4	9/25/2017	11/16/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	2/7/2017	11/16/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/8/2017	11/16/2017
	NJ		Dificid Oral Tablet 200 Mg	52015008001		20	11/15/2017	11/16/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/9/2017	11/16/2017

[redacted]	NJ	[redacted]	Epclusa 400 Mg-100 Mg Table	61958220101		28	6/5/2017	11/16/2017
	NJ		Cosentyx (150 Mg/ml) 300 Mg	00078063941		2	11/9/2017	11/16/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	11/1/2017	11/16/2017
	NJ		Cimzia Starter Kit 6 X 200mg/M	50474071081		3	11/15/2017	11/16/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/7/2017	11/16/2017
	PA		Genvoya 150-150-200-10 Mg T	61958190101		30	4/18/2017	11/16/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	11/16/2017	11/16/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92	7/20/2017	11/17/2017
	NJ		Simponi Smartject 100mg/Ml	57894007102		1	8/8/2017	11/17/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		42	10/9/2017	11/17/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/17/2017	11/17/2017
	NJ		Gilenya 0 5 Mg Capsule	00078060715		30	6/8/2017	11/17/2017
	NJ		Viberzi 100 Mg Tablet	61874010060		60	10/24/2017	11/17/2017
	PA		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	10/30/2017	11/17/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/2/2017	11/17/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902		2	9/20/2017	11/17/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5	6/30/2017	11/17/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902		4	9/27/2017	11/17/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5	11/16/2017	11/17/2017
	PA		Trumeq 600-50-300 Mg Table	49702023113		30	7/21/2017	11/17/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	10/12/2017	11/17/2017
	NJ		Repatha 420 Mg/3.5 Ml Pushtr	55513077001		3.5	11/15/2017	11/20/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	9/27/2017	11/20/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/14/2017	11/20/2017
	NJ		Rasuvo 25 Mg/0.5 Ml Autoinj	59137054004		2	10/24/2017	11/20/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/23/2017	11/20/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/21/2017	11/20/2017
	NJ		Simponi 50 Mg/0.5 Ml Pen Inje	57894007002		0.5	11/12/2017	11/20/2017
	NJ		Cosentyx 150 Mg/ml Pen Injec	00078063968		1	10/20/2017	11/20/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	9/18/2017	11/20/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/10/2017	11/20/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/5/2017	11/20/2017
	NJ		Cosentyx 150 Mg/ml Pen Injec	00078063968		5	11/14/2017	11/20/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	5/18/2017	11/20/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		60	6/28/2017	11/20/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	9/29/2017	11/20/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	10/27/2017	11/20/2017
	PA		Forteo 20 Mcg Injection	00002840001		2.4	1/30/2017	11/20/2017
	PA		Repatha 140 Mg/ml Sureclick	55513076002		2	11/13/2017	11/20/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079		2	10/9/2017	11/20/2017
	PA		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	7/20/2017	11/20/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	7/21/2017	11/20/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		6	9/13/2017	11/21/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	11/7/2017	11/21/2017
	NJ		Cosentyx (150 Mg/ml) 300 Mg	00078063941		8	11/9/2017	11/21/2017

[redacted]	NJ	[redacted]	Enstilar Foam 0.005-0 064 12C	50222030266	120	11/18/2017	11/21/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906	6	11/3/2017	11/21/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	10/9/2017	11/21/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	8/21/2017	11/21/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	6/13/2017	11/21/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	6/20/2017	11/21/2017
	NJ		Vosevi Tab 28	61958240101	28	10/18/2017	11/21/2017
	NJ		Vemlidy 25 Mg Tablet	61958230101	30	2/22/2017	11/21/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101	14	5/8/2017	11/21/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	10/24/2017	11/21/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	11/17/2017	11/21/2017
	PA		Epclusa 400 Mg-100 Mg Table	61958220101	28	10/10/2017	11/21/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	9/27/2017	11/22/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	11/8/2017	11/22/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	11/20/2017	11/22/2017
	NJ		Vemlidy 25 Mg Tablet	61958230101	30	5/22/2017	11/22/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	4	10/3/2017	11/22/2017
	PA		Stelara Pfs 45mg/0.5ml	57894006003	0.5	11/13/2017	11/22/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	9/21/2017	11/22/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	3/15/2017	11/22/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	10/19/2017	11/22/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103	1	10/27/2017	11/22/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	11/9/2017	11/22/2017
	PA		Forteo 20 Mcg Injection	00002840001	2.4	11/22/2017	11/22/2017
	PA		Praluent 75 Mg/ml Pen	00024590102	2	11/16/2017	11/22/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/2/2017	11/24/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	10/18/2017	11/24/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	10/4/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/8/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	4	8/16/2017	11/24/2017
	NJ		Enbrel Pfs 50mg/Ml	58406043504	3.92	11/17/2017	11/24/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	8/31/2017	11/24/2017
	NJ		Vosevi Tab 28	61958240101	28	9/22/2017	11/24/2017
	NJ		Ribavirin Oral Tablet 200mg	65862020768	168	10/4/2017	11/24/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	10/11/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	3/9/2017	11/24/2017
	NJ		Ribavirin Oral Tablet 200mg	65862020768	168	9/21/2017	11/24/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101	28	11/20/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	6/30/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/3/2017	11/24/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102	2	7/13/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	8/2/2017	11/24/2017
	PA		Triumeq 600-50-300 Mg Table	49702023113	30	11/1/2017	11/24/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	8/31/2017	11/27/2017
	NJ		Enbrel Pfs 50mg/Ml	58406043504	3.92	9/7/2017	11/27/2017

[redacted]	NJ	[redacted]	Praluent 75 Mg/ml Pen	00024590102	2	9/12/2017	11/27/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	11/24/2017	11/27/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	11/22/2017	11/27/2017
	NJ		Ribavirin 200 Mg Tablet	68382004603	168	10/26/2017	11/27/2017
	NJ		Entecavir 0.5 Mg Tablet	69097042602	30	10/6/2017	11/27/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/22/2017	11/27/2017
	NJ		Humira Pen Kit 40 Mg.0.8ml	00074433902	2	10/20/2017	11/27/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	11/17/2017	11/27/2017
	NJ		Trulance 3 Mg Tablet	70194000330	30	9/26/2017	11/27/2017
	NJ		Cosentyx (150 Mg/ml) 300 Mg	00078063941	8	11/10/2017	11/27/2017
	PA		Truvada 200-300 Tab	61958070101	30	11/1/2017	11/27/2017
	PA		Zepatier 50-100 Mg Tablet	00006307402	28	9/25/2017	11/27/2017
	PA		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	9/5/2017	11/27/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906	6	11/15/2017	11/28/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	10/20/2017	11/28/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	11/13/2017	11/28/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	11/1/2017	11/28/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906	6	11/21/2017	11/28/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103	1	10/25/2017	11/28/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	9/28/2017	11/28/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	14	5/10/2017	11/28/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	8/22/2017	11/28/2017
	NJ		Viberzi 100 Mg Tablet	61874010060	60	11/28/2017	11/28/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	10/31/2017	11/28/2017
	NJ		Entecavir 0.5 Mg Tablet	31722083330	30	9/13/2017	11/28/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	7/27/2017	11/28/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	6/29/2017	11/28/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	11/22/2017	11/28/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	11/27/2017	11/28/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	10/12/2017	11/28/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101	28	10/4/2017	11/28/2017
	PA		Harvoni 90-400 Mg Tablet	61958180101	28	11/10/2017	11/28/2017
	PA		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	7/26/2017	11/28/2017
	PA		Harvoni 90-400 Mg Tablet	61958180101	28	8/17/2017	11/28/2017
	PA		Stelara Pfs 90mg/Ml	57894006103	1	9/27/2017	11/28/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	10/25/2017	11/29/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	9/13/2017	11/29/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302	42	11/28/2017	11/29/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202	2	6/20/2017	11/29/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528	42	10/9/2017	11/29/2017
	NJ		Enbrel Pfs 50mg/Ml	58406043504	3.92	11/22/2017	11/29/2017
	NJ		Repatha 140 Mg/ml Sureclick	55513076002	2	6/1/2017	11/29/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102	2	8/1/2017	11/29/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	8/14/2017	11/29/2017
	NJ		Viberzi 100 Mg Tablet	61874010060	60	10/4/2017	11/29/2017

[redacted]	NJ	[redacted]	Entecavir 0.5 Mg Tablet	31722083330		30	9/20/2017	11/29/2017
	NJ		Orencia Clickject 125 Mg/ml	00003218851		4	11/29/2017	11/29/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		84	11/3/2017	11/29/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/9/2017	11/29/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/2/2017	11/29/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/28/2017	11/29/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	3/6/2017	11/29/2017
	NJ		Viread 300mg Tab	61958040101		30	8/31/2017	11/29/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5	11/3/2017	11/30/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	6/2/2017	11/30/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	11/22/2017	11/30/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	3/13/2017	11/30/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/3/2017	11/30/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/2/2017	11/30/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	2/23/2017	11/30/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	5/7/2017	11/30/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	10/30/2017	11/30/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	11/27/2017	11/30/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	11/29/2017	12/1/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		60	11/16/2017	12/1/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		4	9/26/2017	12/1/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/26/2017	12/1/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/24/2017	12/1/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	11/10/2017	12/1/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/28/2017	12/1/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		28	10/9/2017	12/1/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/26/2017	12/1/2017
	NJ		Humira Pfs Kit 40mg/0.8ml	00074379902		2	8/29/2017	12/4/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		6	11/20/2017	12/4/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	9/27/2017	12/4/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	5/8/2017	12/4/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/5/2017	12/4/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/31/2017	12/4/2017
	NJ		Stelara Pfs 45mg/0.5ml	57894006003		0.5	10/8/2017	12/4/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202		2	9/12/2017	12/4/2017
	NJ		Xeljanz Xr 11 Mg Tablet	00069050130		30	11/9/2017	12/4/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	6/16/2017	12/4/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		6	8/18/2017	12/4/2017
	NJ		Viread 300mg Tab	61958040101		30	8/28/2017	12/4/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	10/19/2017	12/4/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	8/4/2017	12/4/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/5/2017	12/4/2017
	NJ		Trumeq 600-50-300 Mg Table	49702023113		30	11/28/2017	12/4/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/27/2017	12/4/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	11/15/2017	12/4/2017

[redacted]	PA	[redacted]	Humira Pen-Cr Starter 40mg/0	00074433906	6	11/17/2017	12/4/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103	1	10/24/2017	12/4/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/17/2017	12/5/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	10/16/2017	12/5/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/26/2017	12/5/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079	1	5/24/2017	12/5/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	11/6/2017	12/5/2017
	NJ		Viberzi 100 Mg Tablet	61874010060	60	11/30/2017	12/5/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	10/19/2017	12/5/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	7/5/2017	12/5/2017
	NJ		Cosentyx 150 Mg/ml Pen Injec	00078063968	1	10/20/2017	12/5/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	12/5/2017	12/5/2017
	NJ		Repatha 140 Mg/ml Sureclick	55513076002	2	11/22/2017	12/5/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401	4	8/15/2017	12/5/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	5/25/2017	12/5/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101	28	7/17/2017	12/5/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	11/9/2017	12/5/2017
	NJ		Actemra 162 Mg/0.9 Ml Syring	50242013801	1.8	11/7/2017	12/5/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101	28	6/20/2017	12/5/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/18/2017	12/5/2017
	PA		Cimzia Starter Kit 6 X 200mg/M	50474071081	3	11/21/2017	12/5/2017
	NJ		Tremfya 100 Mg/ml Syringe	57894064001	1	11/14/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/24/2017	12/6/2017
	NJ		Tremfya 100 Mg/ml Syringe	57894064001	1	11/21/2017	12/6/2017
	NJ		Praluent 150 Mg/ml Pen	00024590202	2	9/21/2017	12/6/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	9/26/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	9/8/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	9/25/2017	12/6/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103	1	8/28/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0 8ml	00074433902	2	9/8/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/20/2017	12/6/2017
	NJ		Enbrel 50mg Sureclick	58406044504	3.92	12/1/2017	12/6/2017
	NJ		Repatha 140 Mg/ml Sureclick	55513076002	2	7/25/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	7/25/2017	12/6/2017
	PA		Xeljanz Xr 11 Mg Tablet	00069050130	30	9/1/2017	12/6/2017
	NJ		Viberzi 100 Mg Tablet	61874010060	60	11/8/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	6/30/2017	12/6/2017
	PA		Repatha 420 Mg/3.5 Ml Pushtr	55513077001	3.5	7/24/2017	12/6/2017
	PA		Mavyret 100mg/40mg 84tb	00074262528	84	10/18/2017	12/6/2017
	PA		Praluent 75 Mg/ml Pen	00024590102	2	10/26/2017	12/6/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902	2	10/9/2017	12/6/2017
	NJ		Otezla Oral Tablet 30mg	59572063106	60	11/9/2017	12/7/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302	60	10/5/2017	12/7/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528	84	11/29/2017	12/7/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402	28	10/11/2017	12/7/2017

[redacted]	NJ	[redacted]	Humira Pen Kit 40 Mg/0.6ml	00074433902		2	10/9/2017	12/7/2017
	NJ		Otrexup Auto-Injector 20 Mg/0	54436002004		1.6	7/17/2017	12/7/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/11/2017	12/7/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	3/27/2017	12/7/2017
	NJ		Humira Pen-Ps Starter 40mg/C	00074433907		4	11/9/2017	12/8/2017
	NJ		Epclusa 400 Mg-100 Mg Table	61958220101		14	8/4/2017	12/8/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/18/2017	12/8/2017
	NJ		Orencia Clickject 125 Mg/ml	00003218851		4	12/6/2017	12/8/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/20/2017	12/8/2017
	PA		Repatha 140 Mg/ml Syringe	55513075001		2	11/21/2017	12/8/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	10/10/2017	12/8/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	10/17/2017	12/11/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	2/23/2017	12/11/2017
	NJ		Gilenya 0.5 Mg Capsule	00078060715		30	6/8/2017	12/11/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/21/2017	12/11/2017
	NJ		Rasuvo 25 Mg/0.5 Ml Autoinj	59137054004		2	10/24/2017	12/11/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	5/10/2017	12/11/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/7/2017	12/11/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	9/18/2017	12/11/2017
	NJ		Viread 300mg Tab	61958040101		30	10/17/2017	12/11/2017
	NJ		Dupixent 300 Mg/2 Ml Safe Sy	00024591401		4	11/27/2017	12/11/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	12/1/2017	12/11/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		6	10/5/2017	12/11/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	9/26/2017	12/11/2017
	PA		Mavyret 100mg/40mg 84tb	00074262528		84	11/14/2017	12/11/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	8/28/2017	12/11/2017
	NJ		Cimzia Kit 200mg/Ml	50474071079		2	10/9/2017	12/11/2017
	PA		Praluent 75 Mg/ml Pen	00024590102		2	12/7/2017	12/11/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/30/2017	12/12/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	5/30/2017	12/12/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		84	10/9/2017	12/12/2017
	NJ		Cosentyx (150 Mg/ml) 300 Mg	00078063941		8	11/28/2017	12/12/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	11/17/2017	12/12/2017
	NJ		Humira Pen-Cr Starter 40mg/0	00074433906		6	12/7/2017	12/12/2017
	NJ		Enbrel 50mg Sureclick	58406044504		3.92	8/21/2017	12/12/2017
	NJ		Mavyret 100mg/40mg 84tb	00074262528		42	12/4/2017	12/12/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/25/2017	12/12/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	6/20/2017	12/12/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/30/2017	12/12/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		14	11/3/2017	12/12/2017
	PA		Praluent 75 Mg/ml Pen	00024590102		2	12/8/2017	12/12/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	10/31/2017	12/13/2017
	NJ		Cimzia 200 Mg Vial Kit	50474070062		2	12/7/2017	12/13/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	10/24/2017	12/13/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	6/28/2017	12/13/2017

[redacted]	NJ	[redacted]	Humira Pen Kit 40 Mg/0.8ml	00074433902		2	9/15/2017	12/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		4	9/27/2017	12/13/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	12/12/2017	12/13/2017
	NJ		Actemra 162 Mg/0.9 Ml Syring	50242013801		1.8	10/27/2017	12/13/2017
	NJ		Simponi Smartject 100mg/Ml	57894007102		1	8/8/2017	12/13/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	11/28/2017	12/13/2017
	NJ		Stelara Pfs 90mg/Ml	57894006103		1	10/10/2017	12/13/2017
	NJ		Praluent 75 Mg/ml Pen	00024590102		2	10/10/2017	12/13/2017
	PA		Stelara Pfs 45mg/0.5ml	57894006003		0.5	11/13/2017	12/13/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	12/7/2017	12/13/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	7/21/2017	12/13/2017
	NJ		Forteo 20 Mcg Injection	00002840001		2.4	3/28/2017	12/14/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	11/20/2017	12/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	12/7/2017	12/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		2	8/8/2017	12/14/2017
	NJ		Humira Pen-Ps Starter 40mg/0	00074433907		4	12/12/2017	12/14/2017
	NJ		Humira Pen Kit 40 Mg/0.8ml	00074433902		4	7/31/2017	12/14/2017
	NJ		Enbrel Pfs 50mg/Ml	58406043504		7.84	11/15/2017	12/14/2017
	NJ		Actemra 162 Mg/0.9 Ml Syring	50242013801		3.6	12/11/2017	12/14/2017
	NJ		Otezla Oral Tablet 30mg	59572063106		60	10/9/2017	12/15/2017
	NJ		Xifaxan 550 Mg Tablet	65649030302		60	9/8/2017	12/15/2017
	NJ		Zepatier 50-100 Mg Tablet	00006307402		28	8/31/2017	12/15/2017
	NJ		Harvoni 90-400 Mg Tablet	61958180101		28	11/22/2017	12/15/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	10/19/2017	12/15/2017
	PA		Stelara Pfs 90mg/Ml	57894006103		1	11/30/2017	12/18/2017

Curexa – East II, LLC
Nevada Disclosure

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

As an initial matter, we want to note that the answer is "no" on behalf of the pharmacy applicant, Curexa – East II, LLC d/b/a Curexa ("Curexa East II").

However, the pharmacy was previously owned by JSPLTC, LLC ("JSPLTC"). Thus, out of an abundance of caution and in the interest of full disclosure, we disclose the following disciplinary for the pharmacy under JSPLTC ownership. Please see all corresponding documents enclosed herein.

- October 23, 2013 New Jersey Board of Pharmacy routine inspection violations and fine.
- October 15, 2015 New Jersey Board of Pharmacy routine inspection violations and fine.

Finally, Mark Taylor is the CEO and President of Curexa – East, LLC and was previously an owner of JSPLTC, LLC. Please see all corresponding documents enclosed herein.

- **09/06/2016 Alabama Board of Pharmacy** Consent Order and fine ("*2016 Alabama Discipline*"). Subsequent to paying this fine, the state boards set out below issued sister-state and/or failure to report disciplines based on this 2016 Alabama Discipline. Please note that Mr. Taylor's pharmacist license remains active and in good standing in Alabama and in all of the states listed below:
  - 08/01/2017 Texas Board of Pharmacy
    - On 5/23/2018, the Louisiana Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
      - On 12/11/2019, the Alabama Board of Pharmacy issued a sister-state discipline based on the above-referenced Louisiana discipline.
    - On 6/10/2020, the Michigan Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
  - 1/8/2020 New York Board of Pharmacy
  - 6/10/2020 Michigan Board of Pharmacy

95413

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 10, 2013

Keith Hartman, RPIC
Jersey Shore Pharmacy
236E Jimmie Leeds Road, Suite C
Galloway, New Jersey 08205

Re: Inspection Report #8-5748-12-X
Date of Inspection: November 16, 2012

Dear Mr. Hartman:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A.**

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $1,100.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

5/20/08

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY



By: _____
Anthony Rubinaccio, RP
Executive Director

AR/rh
(8/2013)

CERTIFICATION

I, Keith Harman, hereby acknowledge that I have read and reviewed the Board's letter dated October 10, 2013 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☐ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of $1,100.00** (to be paid upon signing of this certification).
2. **Send a Letter of Corrective Action**, as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

K H
(Signature)

Dated: 10/20/13

Keith Harman
(Print Name)

Ref: Keith Harman, RPIC
Jersey Shore Pharmacy
236E Jimmie Leeds Road, Suite C
Galloway, New Jersey 08205
(28RS00680600)
Inspection Report #8-5748-12-X
AR/rh
(8/2013)

ATTACHMENT A

6. **Jersey Shore Pharmacy** - 236 E Jimmie Leeds Road, Suite C, Galloway, New Jersey 08205
   Pharmacist-In-Charge: Keith Hartman
   Bureau File #8-5748-12-X, **Period:** 11/16/12
   Reference: Board of Pharmacy inspection conducted per N.J.S.A.45:1-18.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:45H-5.5 **N.J.A.C.13:45H-5.7**	CDS biennial inventory requirement not satisfactorily met; specifically, date taken unknown.	**$1,000.00**
N.J.A.C.13:39-10.6(a)2	ADS inspection for accuracy checking (every 6 months) documentation not present.	**$100.00**
TOTAL: $1,100.00		

Board of Pharmacy

124 Halsey St 6th Floor

10/20/13

Newark NJ 07102

RE: Inspection Report #8-5748-12-x

Letter of Corrective Action

Cite NJAC13:45H-5.5 and 5.7, The biennial inventory existed at the time of inspection however the inventory cover page with the date of the inventory taken was torn off. We subsequently have removed the inventory from the cabinet it was stored in and moved it to the office files for safe keeping. Subsequent to the inventory the cover sheet was located and reattached.

Cite NJAC13:39-10.6(a)2, 6 month accuracy checks were performed as part of the service agreement with the manufacturer. The manufacturer has no records of the service specifically as they pertain to accuracy checks. We now keep our own accuracy check record on file in the policy and procedure manual.

Due to the costs associated with defense of these violations we find it in the best interest of the pharmacy to pay the associated fines and submit this corrective action plan for your acceptance.

Keith Hartman RPIC

Jersey Shore Pharmacy

OCT 23 2013

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

September 30, 2015

Keith Hartman, RPIC
Jersey Shore Pharmacy-LTC
236 East Jimmie Leeds Road, Ste. C
Galloway, New Jersey 08205

Re: Inspection Report #8-5748-15-X
Date of Inspection: January 23, 2015

Dear Mr. Hartman:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A.**

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $6,300.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an

05/20/2008

amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(9/2/15)

CERTIFICATION

I, Keith Hartman, hereby acknowledge that I have read and reviewed the Board's letter dated September 30, 2015 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☒ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of $6,300.00** (to be paid upon signing of this certification).
2. **Send a Letter of Corrective Action**, as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

K. H.
(Signature)

Dated: 10/5/15

Keith Hartman
(Print Name)

Ref: Keith Hartman, RPIC
Jersey Shore Pharmacy-LTC
236 East Jimmie Leeds Road, Ste. C
Galloway, New Jersey 08205
(28RS00680600)
Inspection Report #8-5748-15-X
AR/rh
(9//2/15)

OCT 15 2015

ATTACHMENT A

19. **Jersey Shore Pharmacy - LTC** - 236 East Jimmie Leeds Road, Suite C, Galloway, New Jersey 08205
Pharmacist-In-Charge: Keith Hartman
Bureau File #8-5748-15-X, **Period:** 01/23/2015
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-7.18 **N.J.A.C.13:39-6.2(f)7**	A total of twelve (12) containers of medications outdated from 1 day - 4 months were discovered in the active drug stock inventory.	**$200.00**
N.J.A.C.13:39-6.7(b)	Current biennial renewal registrations are not displayed for pharmacy technicians. Furthermore, the pharmacy keeps a binder with photocopies of technician registrations. There were not original registrations for technicians on the premises. The pharmacy employs a total of twenty-eight (28) technicians.	**$1,400.00**
N.J.A.C.13:45H-5.4(d)	When the biennial CDS inventory was conducted on January 30, 2014, the Schedule II CDS was not conducted and maintained separately from the Schedule II, IV and V CDS inventories.	**Warning**
N.J.A.C.13:39-6.3	Only one (1) staff member was observed wearing an identification tag on the occasion of this inspection (Shonta Oglesby). A total of fifteen (15) employees were present in the pharmacy during this inspection.	**$700.00**
N.J.A.C.13:39-6.15(d)(e)	The pharmacy is employing technicians in excess of the 1:2 pharmacist to technician ratio. A total of ten (10) pharmacy technicians and four (4) pharmacists were present for this inspection. The pharmacy could not produce a policy & procedure manual pertaining to duties of pharmacy technicians.	**$1,000.00**
N.J.A.C.13:45H-5.8	An inventory was not conducted for all Tramadol-containing products on August 18, 2014 when Tramadol-containing products were moved to a Schedule IV CDS.	**Warning**

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39–6.6(b)(c)(d)	Three (3) pharmacy technicians are not registered with the BOP and have been employed by the pharmacy for more than 180 consecutive days. Furthermore, each of the three (3) technicians did not submit their application within the first ten (10) days of hire. The technicians are as follows: Halee Bryant, Shonta Oglesby, and Amber McGuigan.	**$1,800.00**
N.J.A.C.13:39-7.12(a)12	The "use by date" listed on the container exceeded the expiration date of the product in the container.	**$25.00**
N.J.A.C.13:39-7.12(a)9	The following prescriptions were labeled and dispensed with the incorrect prescriber: Rx #C[redacted], Rx #C[redacted], Rx #C[redacted] Rx #N[redacted], Rx #[redacted] Rx #N[redacted], and Rx #[redacted].	**$175.00**
N.J.S.A.45:1-45b	The registrant is not currently submitting information regarding dispensed CDS to the NJ PMP on a weekly basis as required. The following is the registrant's history of recent submissions: 01-14-2015, 01-12-2015, 12-29-2014, 12-16-2014, 12-09-2014, 12-05-2014, and 11-26-2014.	**$1,000.00**
TOTAL: $6,300.00		

NJ Division of Consumer Affairs

Board of Pharmacy

124 Halsey St 6th Floor

Newark NJ 07102

October 5, 2015

Re: Inspection Report #8-5748-15-X

Inspection date: January 23 2015

This letter of corrective action is being submitted at your request.

1. NJAC 13:39-7.18 All outdated medications have been removed and policy to check monthly has been enforced.
2. NJAC 13:39-6.7(b) Technician registrations are being maintained and displayed in a binder on the wall next to the licenses at the request of the inspector. All are originals with the exception of a couple that are on request from the Board. In those instances we have generated computer printout copies from the Boards website as well as copies of the request for duplicates from the Board.
3. NJAC 13:39-6.3 All employees are wearing lanyards with identification.
4. NJAC 13:39-6.15(d+e) The tech to pharmacist ratio was exceeded but the policy and procedure manual existed since 2008 but was not producible due to the file being lost in computer hardware updates. It has been recovered and updated and reviewed by the PIC.
5. NJAC 13:39-6.6(b)(c)(d) All employees that were not in compliance have been terminated. We now utilize a new software from PRS to manage the due dates of all employees registrations so that none slip through the cracks.
6. NJAC 13:39-7.12(a)12 "use by date" have been adjusted on the label to reflect a shorter time frame so that the labelled use by date on the unit dose package exceeds the use by date on the label thus defaulting to the label "use by date".
7. NJAC 13:39-7.12(a)9 Every controlled substance prescription is reviewed by records staff to ensure that the proper prescriber is reflected on the order. This is done daily.
8. NJSA 45:1-45b The PMP submission are now electronic and automated and submitted daily as required.

Please accept this Plan of Correction. In addition, I had notified the Board of a change in PIC on 5/1/2015. I am enclosing another copy of same as we have not heard from the Board in that regard. Please also consider that on the date of inspection Keith Hartman was PIC and Sean Swisher is signing this POC as the current PIC.

Keith Hartman RP.

Owner/Pharmacist

Sean Swisher

Pharmacist in Charge

OCT 15 2015

IN THE MATTER OF:	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit Number: 114076/202111	**CASE NO: 16-L-0037**
and	
MARK TAYLOR	
License Number: 19108	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 2 4 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Beiling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number 19108		

ORDER TO CONTINUE HEARING

The Respondents EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mr. Mark Taylor, by and through their attorney of record, requested a continuance of the hearing for the above captioned cause, which was scheduled to be heard before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P.M. Having considered the request and the Board having no opposition, the Administrative Hearing Officer is of the opinion that for good cause a continuance was due to be GRANTED.

THEREFORE IT IS ORDERED that the hearing for the above captioned cause is continued to July 19, 2016 at 1:00 P.M. at which time the matter will be heard and from time to time thereafter as may be required by the Board for the purpose of the hearing to determine the charges served on the Respondents.

All previously issued subpoenas, if any, remain in full force and effect and are lawful Orders for witnesses to appear on the above date and time.

All other aspects of previous Scheduling Order and Notice of Hearing and Statement of Charges remain unchanged.

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr. Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 21, 2016 at 1:00p m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Curexa has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C

by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT EIGHT

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of April, 2016.

ALABAMA STATE BOARD OF PHARMACY

Susan Alverson

By: Susan Alverson
Secretary

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	

MOTION TO AMEND

COMES NOW, the Alabama State Board of Pharmacy (Board) and moves the Hearing Officer for an Order amending the previously filed Statement of Charges and Notice of Hearing (SOC) based upon the following:

1. The Board inadvertently failed to name the supervising pharmacist, Mark Taylor, in the original SOC.
2. The original SOC should have named Taylor in all the counts and further included a Count involving his role as supervising pharmacist.
3. Based on the above, the Board seeks an Order allowing the amendment attached hereto as Exhibit "A", which will name Taylor as a respondent and add a Count involving allegations relating to his acts or omissions as the supervising pharmacist.

   The Counts against the pharmacy remain unchanged.
4. Respondent will not be prejudiced by the requested amendment.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully prays that the Hearing Officer enter an Order allowing the amendment to the SOC set forth on Exhibit "A" hereto.

Respectfully submitted,

/s James S. Ward
Attorney for the Alabama State

Board of Pharmacy

OF COUNSEL:
Ward & Wilson, L.L.C.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Tel: 205-871-5404
jward@wardwilsonlaw.com

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing has been served upon the parties listed below via E-mail transmittal and/or U.S. Mail this the 11th day of May, 2016.

Vance Alexander
P.O. Box 380684
Birmingham, Alabama 35238-0864
vlalex@bellsouth.net

EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Taylor
EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

James S. Ward
OF COUNSEL

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on_____, 2016 at _____ ___.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037

ORDER AMENDING STATEMENT OF CHARGES

The Alabama State Board of Pharmacy, by and through its attorney of record, moved to amend the Statement of Charges and Notice of Hearing for the Respondent EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy in the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P. M. Having considered the Motion, the Administrative Hearing Officer is of the opinion that the Motion is due to be GRANTED.

IT IS ORDERED that the Statement of Charges and Notice of Hearing dated April 14, 2016 naming EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy as Respondent is hereby Amended by adding Mark Taylor, License Number 19108 as an additional Respondent and Count Nine as follows:

"COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing."

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr, Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
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Jenny Downing Yoakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 15, 2017

MARK TAYLOR RPH
503 S 4TH AVE
GALLOWAY, NJ 08205

RE: In the Matter of Mark Taylor

Dear Mr. Taylor:

Enclosed is a copy of Agreed Board Order (ABO) #F-17-010 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 1, 2017. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #F-17-010, the pharmacist license issued to Mark Taylor (#58326) is reprimanded.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, the pharmacist license issued to Mark Taylor (#58326) is fined an administrative penalty (fine) of $1,000.00. **This fine is due on or before November 29, 2017.** Please make your cashier's check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#F-17-010) on the cashier's check or money order. **Note:** TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

PRECEPTOR RESTRICTION

Please note that you may not serve as a preceptor, as explained below. Board Rule 283.6(c) states, in part:

> "No pharmacist may serve as a pharmacist preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a pharmacist preceptor or within the three-year period immediately preceding application for approval as a pharmacist preceptor."

As a result of the entry of ABO #F-17-010 you may not serve as a preceptor until three years after the termination of all sanctions. Board Rule 283.6(c) also allows you to petition the Board, in writing, for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor.

RENEWAL APPLICATIONS

Prior to the next expiration date of your pharmacist license, you will complete a license renewal application for the TSBP. This application will require you to answer the question:

> "Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?"

As a result of the entry of ABO #F-17-010, you must answer "yes" to this question for 36 months after the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning August 1, 2017, and ending November 29, 2020.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #F-17-010

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

> Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);
>
> Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);
>
> Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and
>
> Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

EXHIBIT 4

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

MARK KELSO TAYLOR

PHARMACIST LICENSE NO. 21436 **Case No. 18-0090**

****

CONSENT AGREEMENT

WHEREAS, **MARK KELSO TAYLOR** (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 21436, was sanctioned by the Texas State Board of Pharmacy effective August 1, 2017. Such action is considered disciplinary action and was reported to the National Association of Boards of Pharmacy as such.

WHEREAS, Respondent failed to report this action on his 2018 renewal application as required.

WHEREAS, information received and/or gathered by the Board produced evidence indicating that Respondent violated the following laws and regulations:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **PHARMACIST LICENSE NO. 21436 belonging to MARK KELSO TAYLOR is hereby issued a LETTER OF REPRIMAND.**

2. **MARK KELSO TAYLOR is ordered to pay a fine of $1,000.00 and reimburse the Board $250.00 for administrative costs for a total of $1,250.00 due by *certified check or money order* at the signing of this agreement.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting.

However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, **MARK KELSO TAYLOR,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1790152957

Medicare Provider Number (if in the possession of one): N/A

SIGNED, AGREED TO AND ENTERED ON 2nd DAY OF March, 2018.

MARK KELSO TAYLOR
PHARMACIST LICENSE NO. 21436

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
3388 Brentwood Drive
Baton Rouge, LA 70808
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 23, 2018, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron, President and Hearing Officer for the Board

EXHIBIT B

AGREED BOARD ORDER #F-17-011

RE: IN THE MATTER OF
CUREXA
(PHARMACY LICENSE #25553)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25553 issued to Curexa (Respondent), 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the disciplinary actions by the New Jersey State Board of Pharmacy and the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.002(a)(3) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.33(f)(2); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about October 24, 2007, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that potential drug allergies or chronic conditions were not recorded in the patient medication record. The Settlement imposed a $200 penalty and required that the pharmacy submit a letter of correction.

On or about August 3, 2009, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for change of pharmacy name/location to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(2) On or about April 6, 2010, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that equipment was not inspected or sealed by the Department of Weights and Measures. The Settlement required that the pharmacy submit a letter of correction.

On or about April 27, 2011, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for licensure renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(3) On or about November 25, 2015, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa. The Settlement was based on deficiencies identified during an inspection; specifically that drug stock inventory contained expired drugs, and that between January 21, 2015, and May 28, 2015, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Settlement imposed a $100 penalty and required that the pharmacy submit a letter of correction.

(4) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 114076/202111 held by Curexa (licensed in Alabama as EHT Pharmacy LLC d/b/a Curexa). The Order was based on allegations contained in a Statement of Charges and Notice of Hearing that the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC, on behalf of Respondent; and Daniel Scott Distefano, R.Ph., Staff Pharmacist, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph.,

M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Mark Taylor neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st **day of** August, 2017.

Suzette Oyerinne R.Ph.
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC
For and on behalf of Curexa

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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I IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa (hereinafter referred to as "EHT") and Mark Kelso Taylor (hereinafter referred to as "Taylor") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds EHT has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the

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Statement.

2. The Board finds Taylor has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the Statement.

3. EHT shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) and Taylor shall pay an administrative fine in the amount of One Thousand Five Hundred Dollars ($1,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT or Taylor attempt to discharge the same.

4. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with

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the matters relating to this Consent Order and Statement.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 9th day of December, 2019.

EHT PHARMACY, LLC d/b/a CUREXA

BY: _____

ITS: Managing Member

_____

Mark Kelso Taylor

_____

Sarah E. Merkle, Attorney for EHT Pharmacy, LLC d/b/a Curexa and Mark Kelso Taylor

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DONE this the 11th day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Kenny Sanders, R.Ph., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a Curexa
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Kelso Taylor
503 S 4th Avenue
Galloway, New Jersey 08205

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on December 17, 2019 at 8.00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHT Pharmacy LLC d/b/a Curexa (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy license renewal dated December 31, 2018 a Consent Order entered by the Louisiana State Board of Pharmacy on May 23, 2018 attached hereto as Exhibit "A" and as a result obtained the referenced renewal.

COUNT TWO

As to Taylor, violating Code of Alabama (1975), § 34-23-33(2) based upon the Louisiana Consent Agreement referenced above and/or the violations set out therein.

COUNT THREE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the allegations of the preceding Counts.

COUNT FOUR

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Agreed Order entered by the Texas State Board of Pharmacy on August 1, 2017 attached hereto as Exhibit "B" and as a result obtained the referenced renewal.

COUNT FIVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Texas discipline set out above and/or violations set out therein.

COUNT SIX

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Five above.

COUNT SEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Stipulation and Final Agency Order entered by the Colorado State Board of Pharmacy on July 14, 2017 attached hereto as Exhibit "C" and as a result obtained the referenced renewal.

COUNT EIGHT

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Colorado discipline set out above and/or violations set out therein.

COUNT NINE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eight above.

COUNT TEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Consent Agreement and Order entered by the Pennsylvania State Board of Pharmacy on April 10, 2018 attached hereto as Exhibit "D" and as a result obtained the referenced renewal.

COUNT ELEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Pennsylvania discipline set out above and/or violations set out therein.

COUNT TWELVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you

violatad Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eleven above.

COUNT THIRTEEN

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Order by the Illinois Department of Financial and Professional Regulation Division of Professional Regulation dated September 22, 2018 attached hereto as Exhibit "E".

COUNT FOURTEEN

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Thirteen above.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIFTEEN

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations

contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on September 6, 2016, said document being attached hereto and made a part hereof as Exhibit "F".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 11th day of February, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
80 WOLF ROAD; SUITE 204
ALBANY, NEW YORK 12205-2643
Tel. (518) 485-8351
Fax (518) 485-8361

October 6, 2020

EHT Pharmacy, LLC, CUREX
Attn.: Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234-0000

Re: **In the disciplinary matter of EHT Pharmacy, LLC**

Dear Mr. Taylor:

Unfortunately the Application for Consent Order that you signed and returned to me last spring was incorrectly drafted in that the name of the current registration in New York reads as EHT Pharmacy, LLC, CUREX. That now needs to be corrected on the enclosed consent application and it will necessary for you to re-sign in the TWO places indicated and return it to me.

I am enclosing a UPS envelope for you to return the signed white backed original to me as soon as possible. If you have any questions about this please call me at (518)485-9351. Thank you and I apologize for this inconvenience.

Very truly yours,

Karen Eileen Carlson

Karen Eileen Carlson, Esq.
Deputy Director

KEC/lkc

Enclosures

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF

PHARMACY

IN THE MATTER OF

EHT PHARMACY, LLC CUREXA

APPLICATION FOR CONSENT ORDER

KAREN EILEEN CARLSON
Acting Director of Prosecutions
Office of Professional Discipline

New York State Education Department
Office of Professional Discipline – Prosecutions
80 Wolf Road; Suite 204
Albany, New York 12205-2643

KAREN EILEEN CARLSON
Prosecuting Attorney
(518) 485-9351

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

MARK KELSO TAYLOR states:

That I am a member of **EHT PHARMACY, LLC, CUREXA**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 1, 2011, Respondent was registered to operate a nonresident pharmacy establishment in the State of New York, having been issued registration number 030596 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid nonresident pharmacy establishment in the State of New York from an address at 3007 Ocean

Heights Avenue, Egg Harbor Township, New Jersey 08234.

Respondent has been charged with one specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Respondent admits guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (Alabama discipline).

Respondent hereby agrees to the penalty that the registration to operate a nonresident pharmacy establishment in the State of New York be subject to a censure and reprimand and that respondent be fined ten thousand ($10,000.00) dollars, said fine to be paid by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway, Tenth Floor, New York, New York

10018-3496 within three (3) months of the effective date of the Order served herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

EHT PHARMACY, LLC, CUREXA

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

EHT PHARMACY, LLC
CUREXA

_____
Respondent

By: _____
MARK KELSO TAYLOR

EXHIBIT "A"

EHT PHARMACY, LLC
CUREXA

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent, by its agents and employees, is charged with committing unprofessional conduct within the purview and meaning of New York Education law section 6509(9), in specific violation of 8 NYCRR section 29.1(b)(1), in that:

Respondent, in or about 2016, while practicing pharmacy in the state of Alabama, compounded and dispensed drugs that were not approved for dispensing to humans by the Federal Drug Administration. The State of Alabama disciplined Respondent for this conduct as well.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

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CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.

----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

EHT PHARMACY, LLC
CUREXA

Dated: , 2020

_____
Respondent

BY: _____
MARK TAYLOR KELSO

Dated: , 2020

_____
Attorney for Respondent

Dated: , 2020

_____
Executive Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: , 2020

_____
Member, Board of Regents

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

CONSENT ORDER

On October 14, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Michigan Board of Pharmacy's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code:

Respondent is FINED $500.00, to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division,**

Compliance Section, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 53-19-001427.**

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically SUSPENDED for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

If Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____ for
Chairperson, Disciplinary Subcommittee

Dated: June 10, 2020

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Factors taken into consideration in the formulation of this Order are as follows:

   a. Respondent states that his employer pharmacy, Curexa, is licensed in all 50 states and relied on a third-party vendor for its disciplinary reporting needs. Since this Complaint was executed, Respondent states that Curexa has changed its reporting procedures and has corrected the reporting problems related to the third-party vendor.

5. Charles T. Mollien, PharmD, J.D., a member of the Board who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 4-28-2020

AGREED TO BY:

Mark Keslo Taylor, R.Ph.
Respondent

Dated: 3/11/2020

sde

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacist in the state of Michigan. Respondent's address of record with the Department is Galloway, New Jersey.

3. On September 6, 2016, the Alabama State Board of Pharmacy (Alabama Board) executed a Consent Order (Order) with EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (pharmacy) and Respondent that fined the pharmacy and Respondent $10,000.00. The Alabama Board's

Order was based on allegations that the pharmacy compounded and dispensed 101 prescriptions (totaling 11,038 capsules) of Domperidone for human use when the same was not approved by the FDA and having nine medications outdated from one day to four months in the active drug stock inventory. A copy of the Order, marked Exhibit A, is attached and incorporated.

4. Respondent failed to notify the Department of the action taken by the Alabama Board within 30 days from the date of the action.

5. On August 1, 2017, the Texas State Board of Pharmacy (Texas Board) issued an Agreed Board Order against Respondent based on Respondent submitting an April 29, 2016 application for renewal of his pharmacist license to the Texas Board and falsely indicating that no professional disciplinary action was pending against him when the Alabama action described above was pending against Respondent. Licensee was reprimanded and fined $1,000.00. A copy of the Order, marked Exhibit B, is attached and incorporated.

6. Respondent failed to notify the Department of the action taken by the Texas Board within 30 days from the date of the action.

COUNT I

The actions by the Alabama and Texas Boards, as set forth above, constitute final adverse administrative actions by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration

regulated by another state or a territory of the United States, in violation of MCL 333.16221(b)(x).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of the disciplinary actions by the Alabama and Texas Boards within 30 days from the date of the actions, as required by MCL 333.16222(4), in violation of MCL 333.16221(f).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 10-14-19

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Attachments
sde

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114078/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 18-L-0037

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a. EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 2 4 2018

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Owner

Mark Taylor

Jonathan E. Belling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114075/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 16-L-0037

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
[redacted]

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2016 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all to the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2-.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2-.12(4)(h) and/or (l) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED,

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Sibyle Tyenna RPh
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kelsin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0117 - 1217\Taylor, Mark\Taylor, Mark_ABO_853311.docx

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH02177	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IHS Acquisition XXX, Inc.

Physical Address: 501 W. 44th Ave., Suite A

City: Denver State: CO Zip: 80216

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 800-809-0647 Toll Free # (NAC 639.708, NRS 639.23286): 800-809-0647

Fax: 877-817-2965 Contact Email: PermitInfo@cvshealth.com

Website: permitinfo@cvshealth.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Michelle Fazio

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22122

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☒ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Michelle Fazio	NV Pharmacist Registration #: 22122
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): APS Enterprises Holding Company Inc.

Corporation/Organization Name: IHS Acquisition XXX, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: Permitinfo@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary (title) for IHS Acquisition XXX, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3-14-22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kimberley DeSousa hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Assistant Secretary (title) for IHS Acquisition XXX, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Kimberley DeSousa

Signature

Tania Cabral Notary Public
State of Rhode Island
Comm expires 05/21/2022

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14th day of March 2022

Notary Public

Tania Cabral Notary Public State of Rhode Island

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Michelle Fazio Pharmacist Registration #: 22122

Pharmacy Name: IHS Acquisition DBA USBioservices

Initial each statement below to indicate you have read and agree with the following:

✓ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

✓ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

✓ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

✓ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

✓ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✓	

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
letter of Admonition	CO	Oct 23, 1997	P-96-086

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Fazio
Original signature of Managing Pharmacist (copies or stamps not accepted)

3/9/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3-14-22

Date

Board Use Only	Date Received: _____ Amount: _____

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Michelle L. Fazio

Date: 12/06/2021
Amount:
License #: 22122

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:06/06/2022

Michelle L. Fazio

License #
22122
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 06/06/2022
STATUS: Temporary

License Type: Pharmacist
License #: 22122

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michelle L. Fazio

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Entity Name	IHS Acquisition XXX, Inc.

Management Name	Title
Conroy, John M.	President/Treasurer
Moffatt, Thomas S.	Vice President/Secretary
Beaulieu, Sheelagh M.	Assistant Treasurer
Clark, Jeffrey E.	Assistant Treasurer
Cimbron, Linda M.	Assistant Secretary
DeSousa, Kimberley M.	Assistant Secretary
St Angelo, Melanie K.	Assistant Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IHS ACQUISITION XXX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2797224 8300

SR# 20220685229

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202752699

Date: 02-24-22

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
US Bioservices		501 W. 44th Ave, Ste A Denver, CO 80216

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.0370000019	Original	Prescription Drug Outlet- In-State	Active	11/07/1995	11/01/2020	10/31/2022

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Michelle Lynne Fazio	PHA.0014387	11/19/2021	Manager

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2015-5067	CLS Stipulation	Stipulation	08/31/2016	08/31/2016

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=447333&docGuid=8095651A-17F5-409B-B6C3-5D282DD1B8D5)	447333	BOARD/PROGRAM ACTION DOCUMENTS	IMAGE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler US Biosevices

Physical Address 501 W. 44th Ave Suite A.

City Denver State CO Zip 80216

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-809-0647 Website permitinfo@cvshealth.com

Licensing Company Email _____

Section 2: Personal Information

First Michelle Middle Lynn Last Fazio

Alias(es, nicknames, name changes, etc.) Mickey Fazio

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Emerald Dr

City Lonemont State CO Zip 80504

Telephone [redacted] Email michelle.fazio@usbioservices.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Colorado School of Pharmacy		9/1992 - 5/1995	
Address: 12850 Montview Blvd	City: Aurora	State: CO	Zip: 80045
Diploma/Degree obtained, if any: BS - Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Colorado - Boulder Campus		9/1989 - 5/1992	
Address: Boulder CO 80309	City:	State: CO	Zip: 80309
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Centaurus High School		9/1985 5/1989	
Address: 10300 W. South Boulder Rd	City: Lafayette	State: CO	Zip: 80026
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2004 - current	[redacted] Emerald Dr	Longmont	CO	80504
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
US Bioservices			11/2008-current
Business Address	**City**	**State**	**Zip**
501 W. 44th Ave Suite A	Denver	Co	80216
Phone	**Title**	**Number of Employed Hours**	
800-809-0647	General Manager	Approx 32000	

Description of Duties
Oversee pharmacy operations for Specialty Pharmacy - Pharmacist Responsibilities - Verifying/checking prescriptions, compliance w/ all pharmacy laws/regs.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	1
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/15/1996		CO		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
P-96-086		Colorado Board of Pharmacy		
Reason/Charge				
Misfill of medication				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Letter of Admonition administered due to a misfill of glipizide on an order for cisapride.

Michelle Fl

Original Signature (electronic, copies or stamps not accepted)

2/23/00

Date

Applicant's initials MF

I, Michelle Fazio, **certify that as the designated representative for** US BioServices,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Michelle Fazio
Print Name (First, Last)

Michelle Fazio
Original Signature (electronic, copies or stamps not accepted)

2/23/2022
Date

Applicant's initials MF

STATE OF COLORADO

STATE BOARD OF PHARMACY

W. KENT MOUNT, Program Administrator
1560 Broadway, Suite 1310
Denver, Colorado 80202-5146
Telephone (303) 894-7150, FAX (303) 894-7764
VITDD (303) 894-7880

Department of Regulatory Agencies
Joseph A. Garcia
Executive Director

Division of Registrations
Bruce M. Douglas, Director

Roy Romer
Governor

AMENDED and REISSUED

Certified Mail--Return Receipt Requested

October 23, 1997

Michelle L. Fazio, R.Ph. #14387

RE: Case P-96-086

Dear Ms. Fazio:

The Colorado State Board of Pharmacy met at its regularly scheduled meeting on October 9, 1997. During that meeting, the Board carefully considered the above-referenced complaint, initiated by the Board pursuant to the Board's receipt of a Department of Health Incident Report, from the Health Facilities Division, on or about February 29, 1996. The Board also reviewed a complaint investigation report from the Board's pharmacy inspector, and the April 19, 1996, response, provided on your behalf by your attorney. The Board also considered a memorandum from staff, together with an August 12, 1997, letter from your attorney, objecting to certain of the citations contained in the Board's amended letter of admonition, issued on July 23, 1997.

This complaint was based on allegations, admitted by you, that on or about February 15, 1996, while on duty as a pharmacist at Vencor Hospital, Denver, Colorado, you dispensed glipizide, a legend drug on an order for cisapride, a legend drug, because you misread the name of the medication, pursuant to a prescription written by Dr. Eric Yaeger, for patient M.C. The patient ultimately died due to " . . . arrhythmia due to focal areas of damage within the brain stem . . .". The autopsy report made no mention of any drugs the patient received, and attributed the manner of death to homicide.

The Board determined by a majority vote, that the complaint and the information disclosed thus far by the investigation presented evidence of misconduct which, in the Board's opinion, did not warrant initiation of formal

disciplinary action. However, the Board also concluded that the circumstances surrounding the incident did not justify dismissal of the complaint.

While the Board determined that the matter does not warrant the commencement of formal proceedings against your license to practice pharmacy, the Board voted to administer disciplinary action to you in the form of this letter of admonition.

Therefore, the Board hereby admonishes you for violations of §§ 12-22-122(1), 12-22-125(1)(c), 12-22-126(1) (h) and (i), CRS, and Board regulations 1.00.11, and 3.00.50.

This admonishment shall be made a part of the permanent records of the Board, and is reportable as a disciplinary action. It may also be considered as an aggravating factor in the event you are found guilty of future violations.

You are further advised that pursuant to § 12-22-125(6)(b), CRS (1996), you may request that formal disciplinary proceedings be initiated by the Board against you to adjudicate the propriety of the conduct upon which this letter of admonition is based. Such request must be received by the Colorado State Board of Pharmacy within 20 days after receipt of this letter by you.

In the event that such a request is made in a timely manner, the letter of admonition shall be deemed vacated pending resolution of the formal disciplinary proceedings which shall be conducted in accordance with the State Administrative Procedures Act.

Very truly yours,

FOR THE COLORADO STATE BOARD OF PHARMACY

W. Kent Mount
Program Administrator

xc: Norman R. Mueller, Esq.
file

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Fazzo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

Applicant's initials _____

STATE OF COLORADO

STATE BOARD OF PHARMACY

W. KENT MOUNT, Program Administrator
1560 Broadway, Suite 1310
Denver, Colorado 80202-5146
Telephone (303) 894-7750, FAX (303) 894-7764
V/TDD (303) 894-7765

Department of Regulatory Agencies

Joseph A. Garcia
Executive Director

Division of Registrations
Bruce M. Douglas, Director

Roy Romer
Governor

AMENDED and REISSUED

Certified Mail--Return Receipt Requested

October 23, 1997

Michelle L. Fazio, R.Ph. #14387

RE: Case P-96-086

Dear Ms. Fazio:

The Colorado State Board of Pharmacy met at its regularly scheduled meeting on October 9, 1997. During that meeting, the Board carefully considered the above-referenced complaint, initiated by the Board pursuant to the Board's receipt of a Department of Health Incident Report, from the Health Facilities Division, on or about February 29, 1996. The Board also reviewed a complaint investigation report from the Board's pharmacy inspector, and the April 19, 1996, response, provided on your behalf by your attorney. The Board also considered a memorandum from staff, together with an August 12, 1997, letter from your attorney, objecting to certain of the citations contained in the Board's amended letter of admonition, issued on July 23, 1997.

This complaint was based on allegations, admitted by you, that on or about February 15, 1996, while on duty as a pharmacist at Vencor Hospital, Denver, Colorado, you dispensed glipizide, a legend drug on an order for cisapride, a legend drug, because you misread the name of the medication, pursuant to a prescription written by Dr. Eric Yaeger, for patient M.C. The patient ultimately died due to " . . . arrhythmia due to focal areas of damage within the brain stem . . .". The autopsy report made no mention of any drugs the patient received, and attributed the manner of death to homicide.

The Board determined by a majority vote, that the complaint and the information disclosed thus far by the investigation presented evidence of misconduct which, in the Board's opinion, did not warrant initiation of formal

disciplinary action. However, the Board also concluded that the circumstances surrounding the incident did not justify dismissal of the complaint.

While the Board determined that the matter does not warrant the commencement of formal proceedings against your license to practice pharmacy, the Board voted to administer disciplinary action to you in the form of this letter of admonition.

Therefore, the Board hereby admonishes you for violations of §§ 12-22-122(1), 12-22-125(1)(c), 12-22-126(1) (h) and (i), CRS, and Board regulations 1.00.11, and 3.00.50.

This admonishment shall be made a part of the permanent records of the Board, and is reportable as a disciplinary action. It may also be considered as an aggravating factor in the event you are found guilty of future violations.

You are further advised that pursuant to § 12-22-125(6)(b), CRS (1996), you may request that formal disciplinary proceedings be initiated by the Board against you to adjudicate the propriety of the conduct upon which this letter of admonition is based. Such request must be received by the Colorado State Board of Pharmacy within 20 days after receipt of this letter by you.

In the event that such a request is made in a timely manner, the letter of admonition shall be deemed vacated pending resolution of the formal disciplinary proceedings which shall be conducted in accordance with the State Administrative Procedures Act.

Very truly yours,

FOR THE COLORADO STATE BOARD OF PHARMACY

W. Kent Mount
Program Administrator

xc: Norman R. Mueller, Esq.
file

Prescribed. US Bioservices
501 WEST 44TH AVE, STE A DENVER, CO 80216[illegible]
PHONE: (800)809-0647REFILL: (800)809-0647

Page 1 of 2

THE COLORADO STATE BOARD OF PHARMACY

1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 12/16/15 Time: 2:30 - 3:15

PDO Name US Bioservices Registration No 37-19 Expiration Date 10/16

Address 501 W 44th Ave Ste A City Denver Zip Code 80216

Pharmacist Manager Tom Karlin Lic No 18289 RPH on Duty _____ Lic No. _____

Physical/Postings

- [V] 5.01.31b&c: Clean, sanitary, adequate space
- [V] 5.01.31d,f&g: Hot & cold water, frig & freezer
- [X] 5.01.50: Pharmacy security
- [V] CRS 12-42.5-119:RPH/tech ratio 1:1 nametags
- [V] CRS 12-42.5-116: Licenses and registrations posted
- [V] 11.08.00, 7.00.30b: Employee list, tech posting
- [V] 5.01.31l: Prior inspection 1 # deficiencies
- [V] 3.00.51: Initial interpretation and final evaluation
- [V] 23.00.60: PDMP notice, 20.00.70; CPP notice
- [V] 5.01.31h: Professional reference library

Recordkeeping

- [V] 11.03.00: CS Inventory date not 2nd 12/16/15 open 3/26/15 close
- [V] 11.06.00: CII, CIII-V, RX drug receipts dated
- [V] 11.06.05: Receipts from registered sources
- [V] 11.07.20: Casual Sale records
- [N] 11.07.10: Floor stock distribution
- [V] 11.04.20: Daily printouts
- [N] 3.00.90b: RTS records— all mailed out- no return
- [N] 25.00.16: SPDO: CS inv., distribution, use records
- [N] 27.00.30: HSP: CS inv., records of distribution

Dispensing

- [V] 11.04.10: Hardcopy of order filed appropriately
- [V] CII orders reviewed: N/A
- [V] CIII-V orders reviewed: 7001499-7001500
- [V] RX orders reviewed: 2026003-2026573
- [N] 2.01.53: Required order transfer information
- [V] 2.01.10: Information to appear on each order
- [N] 3.00.55: Prescription flavoring
- [V] Dispensing errors/valid prescription orders

Immunizations

- [N] 19.01.10: Authorization, ACPE training, CPR
- [N] 19.01.40: Administration records
- [N] 19.01.50: Off-site administration

Non-Sterile Compounding

- [N] 21.10.10: P&P Manual annual review _____
- [ ] 21.10.20: Training of personnel
- [ ] 21.10.60: Components-expiration dating
- [ ] 21.10.90: Formulation records
- [ ] 21.11.00: Compounding records/labeling
- [N] 21.10.80: Beyond use dating, studies on site

Central Prescription Processing/Remote Pharmacy Practice

- [N] 20.01.20 &26.00.20: Policy and procedure manual, written agreements _____
- [ ] 20.00.90: Records of receipt/delivery
- [N] 3.00.90e: Return to stock records

Prepackaging/Labeling/Return Drug

- [N] 3.01.20: Prepack labeling and records
- [ ] 3.01.22: Automated cassette labeling & records
- [ ] 3.03.00: Customized medication packages
- [ ] 3.00.80: Return for dispensing or donation
- [ ] 21.00.20: Casual sale of compounded products

Drug Therapy Management

- [N] 6.00.40: General authorization plan/protocols
- [ ] 6.00.30: Pharmacist qualifications
- [N] 6.00.60: Recordkeeping

E-kits

- [N] 10.00.40: Labeling & contents of kit
- [N] 10.00.71: Removal and replacement of med

Page 2 of 2

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name US Bioservices Pharmacist Manager Tom Kaulen

1) When I arrived at the pharmacy at 2:34 pm Lisa Graves, technician, was alone in the pharmacy - the pharmacist had left the building. Per Reg 5.01.50a when any compounding / dispensing area of a PDO is occupied by any employee, a pharmacist must be physically present within the same building of the PDO.

Comment - no sterile compounding since July 2015.

Tier 1 ____ Tier 2 ✓

Pursuant to CRS 12-42.5-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 42.5 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE
12/18/15	OTHER INSPECTORS PRESENT:
PHARMACIST'S SIGNATURE DATE	

Version 11/14

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Clear Form

Date of Inspection: 9/21/20 **Time In/Out:** 9:50 am / 11:00 am

PDO Name US Bioservices **Registration No** 37-19 **Expiration Date** 10-2020

Address 501 W. 44th Ave. **City** Denver **Zip** 80216

Pharmacist Manager Tom Karlin **Lic No** 18289 **Email**

RPH on Duty Michelle Fazio **Lic No** 14387 **Email** Tom.karlin@amerisourcebergen.com

Physical/Postings	Compliant?	Immunizations	Compliant?
5.01.31b&c: Clean, sanitary, adequate space	YES	19.01.10: Authorization, ACPE training, CPR	N/A
5.01.31d,f&g: Hot & cold water, frig & freezer	YES	19.01.40: Administration records	N/A
5.01.50: Pharmacy security	YES	19.01.50: Off-site administration	N/A
CRS 12-42.5-119:RPH/tech ratio 1:1 nametags	YES	**Non-Sterile Compounding**	
CRS 12-42.5-116:Licenses and registrations posted	YES		
11.08.00, 7.00.30b: Employee list, tech posting	YES	21.10.10: P&P Manual annual review	N/A
5.01.31l: Prior inspection 1 # deficiencies	YES	21.10.20: Training of personnel	N/A
3.00.51: Initial interpretation and final evaluation	YES	21.10.60: Components-expiration dating	N/A
23.00.60: PDMP notice, 20.00.70; CPP notice	YES	21.10.90: Formulation records	N/A
5.01.31h: Professional reference library	YES	21.11.00: Compounding records/labeling	N/A
Recordkeeping		21.10.80: Beyond use dating, studies on site	N/A
11.03.00: CS Inventory date 3/20/20 Open	YES	**Central Prescription Processing/Remote Pharmacy Practice**	
11.06.00: CII, CIII-V, RX drug receipts dated	YES	20.01.20 &26.00.20: Policy and procedure manual, written agreements	N/A
11.06.05: Receipts from registered sources	YES	20.00.90: Records of receipt/delivery	N/A
11.07.20: Casual Sale records	N/A	3.00.90e: Return to stock records	N/A
11.07.10: Floor stock distribution	N/A		N/A
11.04.20: Daily printouts	YES	**Prepackaging/Labeling/Return Drug**	N/A
3.00.90b: RTS records	N/A	3.01.20: Prepack labeling and records	N/A
25.00.16: SPDO: CS inv., distribution, use records	N/A	3.01.22: Automated cassette labeling & records	N/A
27.00.30: HSP: CS inv., records of distribution	N/A	3.03.00: Customized medication packages	N/A
Dispensing		3.00.80: Return for dispensing or donation	N/A
		21.00.20: Casual sale of compounded products	N/A
11.04.10: Hardcopy of order filed appropriately	YES		
CII orders reviewed:	YES	**Drug Therapy Management**	
CIII-V orders reviewed: 7/1/20 ff.	YES	6.00.40: General authorization plan/protocols	N/A
RX orders reviewed: 1/15/20 ff.	YES	6.00.30: Pharmacist qualifications	N/A
2.01.53: Required order transfer information	YES	6.00.60: Recordkeeping	N/A
2.01.10: Information to appear on each order	YES		
3.00.55: Prescription flavoring	N/A	**E-kits**	
Dispensing errors/valid prescription orders	N/A	10.00.40: Labeling & contents of kit	N/A
Prescription labeling	YES	10.00.71: Removal and replacement of med	N/A

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name US Bioservices Pharmacist Manager Tom Karlin

Sterile Compounding

Risk Level	Compliant?
Low- greater than 12 hr BUD	N/A
Low - less than 12 hr BUD/ Radiopharmaceuticals	N/A
Medium	N/A
High	N/A
Policy and Procedure Manual/Reference	
21.20.30: P&P Manual annual review_____	N/A
5.01.31h: Sterile compounding reference	N/A
Environmental/Equipment	
21.20.70a: ISO area certification date_____	N/A
21.20.60c: Cleanroom surfaces compliant	N/A
21.20.70d: Airborne microorganism testing	N/A
21.20.70f: Pressure differential recorded daily	N/A
21.20.80: Daily, weekly, monthly cleaning	N/A
21.21.20: Daily ACD accuracy assessments	N/A
Personnel training	
21.20.50: Didactic/media fill testing	N/A
21.20.70e: Glove fingertip sampling performed	N/A
Recordkeeping/Labeling	
21.21.50: Formulation records	N/A
21.21.60: Compounding records	N/A
21.21.40: Beyond use dating	N/A
21.21.70: Labeling of dispensed CSPs	N/A
High Risk Compounding/Extended BUD	
21.21.30c: Sterility testing	N/A
21.21.30d: Endotoxin testing	N/A
21.21.40d: Lab testing of product stability, potency	N/A

Cytotoxic Drug Preparation	Compliant?
5.01.31: Cytotoxic compounding reference	N/A
21.22.10a: ISO 7, physically separated, negative pressure	N/A
21.22.10b: Appropriate PPE	N/A
Sterile Product Packaging	
3.01.30c: P&P Manual annual review_____	N/A
3.01.30d: Didactic and experiential training	N/A
3.01.30h: Appropriate BUD	N/A
3.01.30i: Recalls	N/A
Casual sale/distribution	
21.00.20a: Distribution to in-state hospital/practitioner for administration	N/A
21.00.20b: Distribution no more than 10%	N/A
21.21.70: Labeling of distributed CSPs	N/A
Radiopharmaceuticals	
Compounding: YES _____ NO_____	
12.00.40: Nuclear Pharmacist training	N/A
12.00.32: Professional reference library	N/A
12.00.45: CDPHE Radioactive materials license	N/A
12.00.70c: Labeling of radiopharmaceuticals	N/A
12.00.71: Dispensing records - filed by date	N/A
12.00.72: Distribution records: up to 10%	N/A

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name US Bioservices Pharmacist Manager Tom Karlin

No

Deficiencies

Noted.

No sterile compounding at this site.

Tier 3

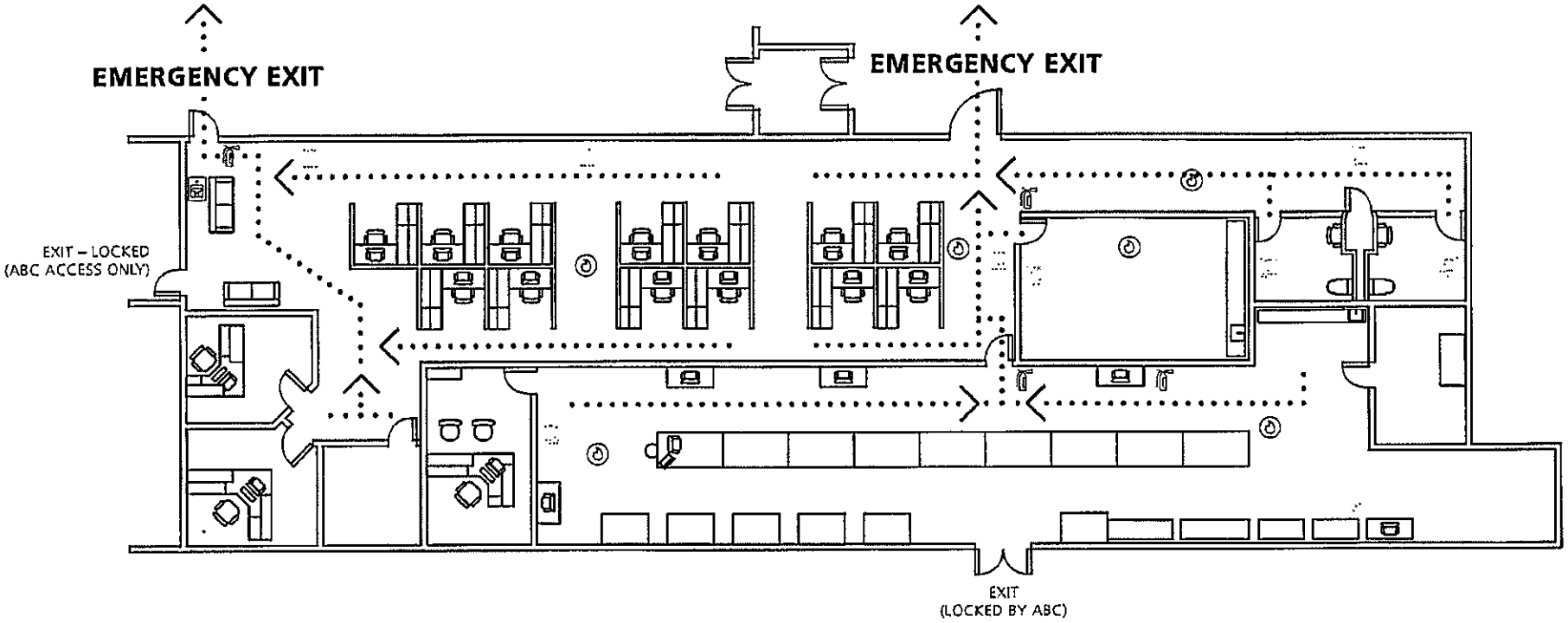
Pursuant to CRS 12-42.5-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 42.5 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE M O'Neill 11:00 am
Michelle Fazzi 9/21/20	OTHER INSPECTORS PRESENT:
PHARMACIST'S SIGNATURE DATE	

2263

PHARMACY FACILITY MAP

Denver, CO



KEY

- FIRE EVACUATION PATH
- AUTOMATIC SMOKE / FIRE ALARM
- FIRE PULL ALARM
- FIRE EXTINGUISHER
- FIRE STROBE / ALARM LIGHT

- ALL DOORS CONNECTED WITH ADT
- ALL AC / HEATING UNITS HAVE FIRE / SMOKE ALARMS

US Bioservices
AmerisourceBergen

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

August 31, 2016

US Bioservices
Attn: Donna Boardman
501 W. 44th Ave, Ste A
Denver, CO 80216

Also sent via email: donna.boardman@usbioservices.com

RE: US Bioservices, PDO 37-19 and Case 2015-5067

Dear Ms. Boardman:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective August 31, 2016.

Please note that pursuant to section 7 - Letter of Admonition - This Final Agency Order shall constitue a Letter of Admontion.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2015-5067

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG PHARMACY REGISTRATION IN THE STATE OF COLORADO OF US BIOSERVICES, REGISTRATION NO. PDO 37-19,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and US Bioservices ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2015-5067, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about September 30, 2003, being issued registration number PDO 37-19, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 501 W. 44th Ave, Ste. A, Denver, CO 80216.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Upon a routine inspection of Respondent Pharmacy on December 18, 2015, a non-licensed employee was found in the compounding/dispensing area without a pharmacist present in the same building.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §12-42.5-123(1)(c)(I)-(III) and (k), C.R.S., and Rule 5.01.50(a), and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

7. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-6 above.

8. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

   b. To respond to said formal notice of charges;

   c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Kelly Ratliff
Authorized Representative / Title

Dated: 8/18/16

Subscribed and sworn to before me in the County of Collin, State of Texas, this 18th day of August, 2016, by Kelly Ratliff, in his/her capacity as an authorized agent of US Bioservices.

ROBIN WINKLER
Notary Public, State of Texas
Comm. Expires 03-26-2020
Notary ID 1203092-8

Robin Winkler
Notary Public

My commission expires: 3/26/20

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31st day of August, 2016.

State Board of Pharmacy

BY:
Andrea Faley
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 31 day of August 2016, addressed as follows:

By electronic mail to Respondent:
US Bioservices
Attn: Donna Boardman
501 W. 44th Ave, Ste. A
Denver, CO 80216
Email: donna.boardman@usbioservices.com

Agent of the Board

Karlin, Tom

From:	Patel, Amish
Sent:	Thursday, January 21, 2016 8:25 AM
To:	jean.rowcliffe@state.co.us
Cc:	Karlin, Tom; Patel, Amish
Subject:	CO BOP Response - Case 2015-5067
Attachments:	CO BOP Letter Response Case 2015-5067 .pdf

Hello,

I am submitting the attached letter in response to case 2015-5067. Please let me know if there are any questions or additional information I can provide. I appreciate your time and consideration.

Thank you,

Amish Patel, Pharm.D, CSP
AmerisourceBergen
Sr. Director, Pharmacy Services
US Bioservices

5100 East Hunter Ave., Suite 101
Anaheim, CA, 92807

Work: 800.801.1140 x8874
Fax: 714.779.4184
Mobile: 714.334.1475

www.usbioservices.com

CONFIDENTIALITY NOTICE. This electronic mail transmission may contain privileged, confidential and/or protected health information and is intended only for the review of the party to whom it is addressed. Any unauthorized use or disclosure of the information contained herein may be a violation of federal law, including the Health Insurance Portability and Accountability Act (HIPAA). If you have received this transmission in error, please immediately return it to the sender, delete it and destroy it without reading it. Unintended transmission shall not constitute the waiver of the attorney-client or any other privilege.

US Bioservices
AmerisourceBergen

501 W. 44th Avenue, Suite
Denver, CO 80216

Phone 800-809-0647
Fax 303-706-0059
www.usbioservices.com

January 20, 2016

Colorado State Board of Pharmacy
1560 Broadway, Suite 1300
Denver, CO 80202-5146

Attention: Jean Rowcliffe, Complaint Analyst

Re: Case 2015-5067 concerning US Bioservices, PDO 37-19

This letter is in response to the Special Report filed by Susan S. Martin on 12/21/15 following her inspection of the US Bioservices pharmacy located at 501 W. 44th Avenue, Suite A, Denver, CO 80216 on 12/18/15 regarding a violation of 6.01.60 of the State of Colorado Board of Pharmacy Rules.

Inspector Martin's report accurately states that upon arriving at our facility on 12/18/15 Pharmacy Technician, Lisa Graves was alone in the pharmacy while Pharmacist in Charge, Tom Karlin; stepped into the adjacent parking lot to deposit computer equipment in his car. That action violated 6.01.60 of the Board of Pharmacy Rules by which we are held accountable.

Notwithstanding the foregoing, US Bioservices respectfully request your consideration of the following mitigating circumstances:

- Mr. Karlin was gone approximately five minutes, as confirmed by Lisa Graves, CPhT and Bill Wilson, RN, Director of Nursing.
- US Bioservices is a small, mail order pharmacy and does not have customers or patients on the premise.
- During that five minute time span, no patients or customers entered the building.
- During that short five minute span, no prescriptions were dispensed or shipped to patients.
- A complete inventory was completed on that day with no discrepancies.
- Subsequent counts have never revealed any inventory discrepancies.
- The facility is secure and the parking area is gated and monitored.

US Bioservices has discussed the issue with Mr. Karlin, and he understands the seriousness of this report and investigation and takes full responsibility for his actions. Mr. Karlin has been a practicing pharmacist for thirty years, and has never received any complaint or disciplinary action from a Board of Pharmacy. He has always served US Bioservices with honor and integrity.

US Bioservices is committed to providing quality, professional and proficient care to patients. As Inspector Martin's report shows, her review of all records, licenses, invoices and documents was completed successfully without further findings. Due to the above circumstances, US Bioservices respectfully requests that no further action be taken.

If you have any questions about the foregoing, please feel free to contact me.

Respectfully,

Amish Patel, Pharm.D, CSP
AmerisourceBergen
Sr. Director, Pharmacy Services
US Bioservices
Work: 469.365.8084
Mobile: 714.334.1475
Amish.Patel@usbioservices.com

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

December 22, 2015

US Bioservices
Attn: Tom D. Karlin, RPh
501 W. 44th Ave, Ste A
Denver, CO 80216

RE: Case 2015-5067 concerning US Bioservices, PDO 37-19

Dear Mr. Karlin:

The Colorado State Board of Pharmacy ("Board") has initiated the attached complaint against the registration of the aforementioned prescription drug outlet pursuant to Board policy. The Board is investigating this complaint. It is being sent to you as the pharmacist manager of the above listed prescription drug outlet. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to jean.rowcliffe@ state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name

should be identified below as a carbon copy of "cc," indicating that a copy of this letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at jean.rowcliffe@state.co.us or (303) 894-7897.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint Analyst

Enclosures: Q&A Brochure
Complaint

THE COLORADO STATE BOARD OF PHARMACY
Special Report

Date: 21 December 2015

Inspector: Susan S. Martin

Subject: **US Bioservices, PDO 37-19 - Security**

Background:

On 12/18/15, I conducted a routine inspection of US Bioservices, 501 W 44th Ave, Ste A, Denver, CO 80216. When I arrived at the pharmacy, I was informed that the pharmacist was not in the building. I walked back to the pharmacy at 2:34 p.m., and observed a technician, Lisa Graves, working alone in the licensed compounding/dispensing area. I informed her that she could not be in the licensed compounding/dispensing area unless the pharmacist was in the building. She exited and the door was secured. The pharmacist manager, Tom Karlin (PHA 18289), arrived several minutes later and explained that he had been to his car. Board Rule 5.01.50(a) states:

5.01.50 Security. In every prescription drug outlet, all compounding/dispensing areas shall comply with this regulation.
a. When any compounding/dispensing area of a prescription drug outlet is occupied by any employee, a pharmacist must be physically present within the same building of the prescription drug outlet.

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [ ] Nevada
- [x] Out-of-State

Type of Application (check applicable box)

- [ ] New Pharmacy
- [x] Ownership Change*
- [ ] Location Change *
- [ ] Name Change*

* If making a change, provide current license number:

PH 04028

Ownership Type (check applicable box)

- [ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- [x] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- [ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- [ ] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Lemonaid Pharmacy, LLC

Physical Address: 1015 Locust St, STE 420

City: Saint Louis State: MO Zip: 63101

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-536-6670 Toll Free # (NAC 639.708, NRS 639.23286): 888-536-6670

Fax: 314-925-8854 Contact Email: rxlicensing@lemonaid.com

Website: www.lemonaidpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Eland Siddle ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20942 ✓

Type of Pharmacy (check all applicable)

- [x] Retail/Community
- [ ] Hospital (# beds _____)
- [ ] Internet
- [ ] Nuclear
- [ ] Other: _____

Services the Pharmacy will Provide (check all applicable)

- [ ] Retail/Community
- [ ] Non-sterile Compounding
- [ ] Sterile Compounding
- [x] Mail-Order Service
- [ ] Off-site Cognitive Services
- [ ] Long Term Care
- [ ] Hospital
- [ ] Other:

Days of Operation

- [x] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [x] Saturday
- [ ] Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Eland Siddle ✓	NV Pharmacist Registration #: 20942 ✓
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): LPharm Rx, LLC

Corporation/Organization Name: Lemonaid Pharmacy, LLC

Mailing Address: 1015 Locust St, STE 420

City: Saint Louis State: MO Zip: 63101

Telephone: 888-536-6670 Email: rxlicensing@lemonaid.com

Contact Person Name: Eland Siddle

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PHARMACIST IN CHARGE (title) for LEMONADE PHARMACY, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

ELAND SIDDLE

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/2/2022

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the manager (title) for LPharm RX, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

JOSEPH A SEFSAVAGE

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/8/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ELAND SIDDLE hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST IN CHARGE (title) for LEMONADD PHARMACY, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2nd day of February, 2022

Notary Public

APRIL WARD
Notary Public - Notary Seal
St. Louis City - State of Missouri
Commission Number 20279044
My Commission Expires Oct 8, 2024

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Joseph A Selsavage hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the manager (title) for LPharm RX LCC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Joseph A Selsavage
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8 day of February, 2022

P Ho
Notary Public

P. HO SHE
COMM. # 2283742
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SAN FRANCISCO
MY COMM. EXP. MAR. 30, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Eland Siddle Pharmacist Registration #: PH20942

Pharmacy Name: Lemonaid Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

ES — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ES — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ES — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ES — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ES — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☐	☑

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

2/2/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAVID SOOCE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/2/2022

Date

Board Use Only	Date Received: _____ Amount: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph A. Selsavage

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Joseph A Selsavage

Original signature of Authorized Person (copies or stamps not accepted)

2/8/2022

Date

Board Use Only	Date Received: _____	Amount: $500 check 874853

lemonaid

LEMONAID Pharmacy, LLC
1015 Locust Street, Ste.420
Saint Louis, MO 63101
rxlicensing@lemonaidpharmacy.com

February 9, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste 206
Reno, NV 89521

RE: **Change of Ownership**
Lemonaid Pharmacy, LLC – St. Louis, MO
FEIN: 83-2662201
NPI: 1285104562

To Whom It May Concern:

Please be advised that the owner of the above-referenced pharmacy, Lemonaid Pharmacy LLC, will undergo a change in ownership. Effective **February 28, 2022**, the new sole member of Lemonaid Pharmacy, LLC will be LPharm RX, LLC.

Please note, there will be no change in the name, FEIN, NPI, NCPDP number, pharmacist in charge, or location.

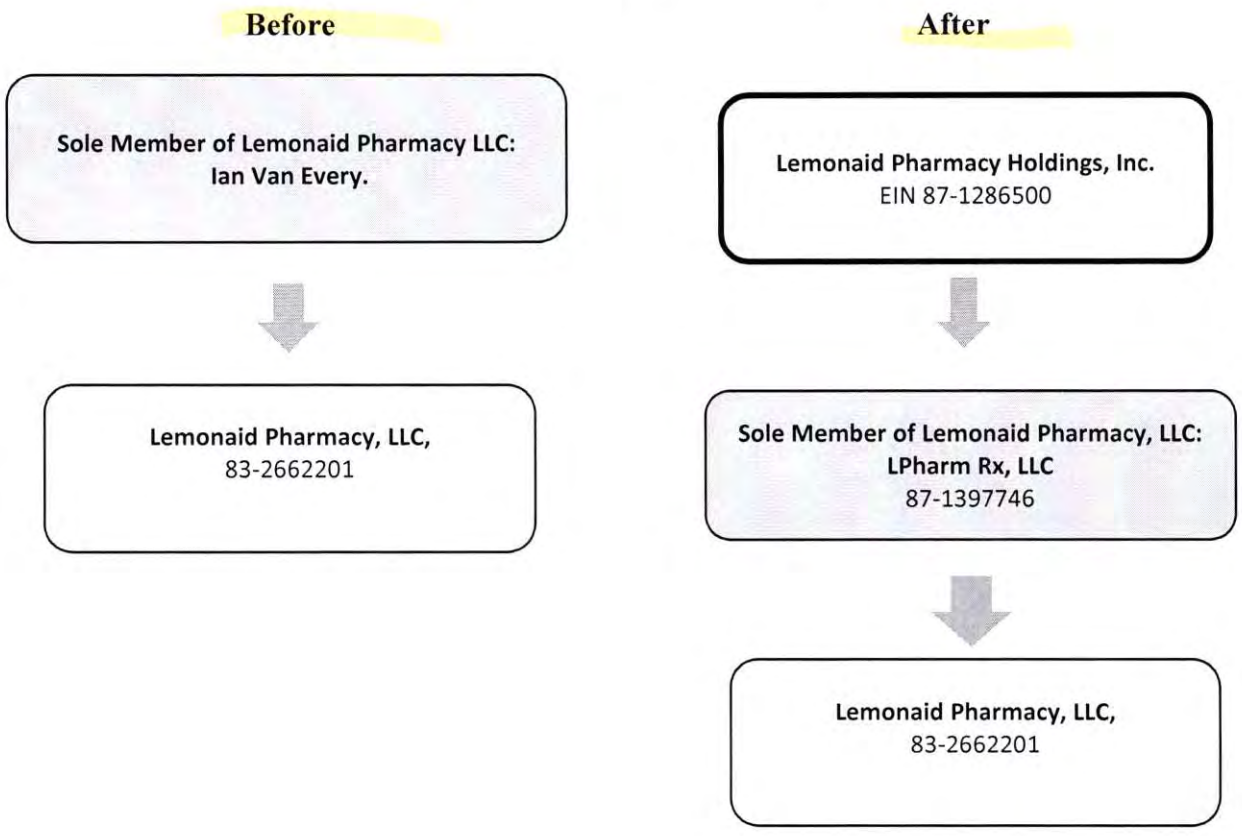
The application and supplemental materials are included in this packet. Should you have any questions or require additional information, please contact Eland Siddle, Pharmacist in Charge, at rxlicensing@lemonaidpharmacy.com or directly at 618-407-8446.

Thank you for your consideration.

Best Regards,

Joseph Selsavage

Pre & Post Organization Chart



Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	LEMONAID PHARMACY, LLC
File Number:	201830510498
Registration Date:	11/01/2018
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of November 23, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 24, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RA9LQMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Pharmacy

Class A, K

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2018042771
Eland B A Siddle - 2009020985

LEMONAID PHARMACY, LLC
LEMONAID PHARMACY, LLC
ELAND B A SIDDLE, PIC
1015 LOCUST ST STE 420
SAINT LOUIS MO 63101
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

2290

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays.

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

GENERAL INFORMATION ON COVID-19 (/general-covid-19.asp)

Missouri Division of Professional Registration

PR Home (https://pr.mo.gov/)

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Lemonaid Pharmacy, LLC
Profession Name:	Pharmacy
Licensee Number:	2018042771
Expiration Date:	10/31/2023
Original Issue Date:	11/29/2018
Address:	Eland B A Siddle, PIC
Address Con't:	1015 Locust St Ste 420
City, State Zip:	Saint Louis, MO 63101
County:	St. Louis City
Practitioner DBA Name:	Lemonaid Pharmacy, LLC
Certification Type:	
Classification:	Class A, K
Current Discipline Status:	None

Lemonaid Pharmacy, LLC

Manager Information

Officers:

Name	Title	Ownership
Joseph Anthony Selsavage	LLC Manager	0%

The new sole member of the Lemonaid Pharmacy, LLC is:
LPharm RX, LLC
1701 Macklind Ave, Suite 300
Saint Louis, MO 63110
Phone Number: 888-536- 6670
Fax: 314-925-8854
Email: rxlicensing@lemonaid.com

LPharm RX, LLC is wholly owned by Lemonaid Pharmacy Holdings, Inc.
FEIN: 87-1286500
1701 Macklind Ave, Suite 300
Saint Louis, MO 63110

STATE OF MISSOURI
BOARD OF PHARMACY

PHARMACY INSPECTION REPORT

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102
(573) 526-6985
(573) 526-3464 FAX
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY	LICENSE NUMBER	CLASS	INSPECTION DATE
Lemonaid Pharmacy, LLC 1015 Locust St., Ste 420 St. Louis MO 63101	2018042771	A, K	1/27/2021

PHARMACIST-IN-CHARGE	PIC LICENSE NO
Eland Siddle	2009020985

LAST CONTROLLED SUBSTANCES INVENTORY	ADMINISTRATIONS
	☐ Yes ☑ No

PHONE	Fax	Email	STERILE COMPOUNDING
8885366670		eland@lemonaid.com	☐ Yes ☑ No

Inspection Type: Routine ***Inspection Result:*** No Violations Observed ***Inspector:*** Dan Vandersand

Start Time: 10:40 AM ***End Time:*** 1:50 PM ***Acknowledged By:*** Eland Siddle

This report is based solely on the inspector's observations of a random sampling of the pharmacy's activities. Licensees should review Missouri law to ensure compliance

LICENSES/REGISTRATION

	Y	N	N/A
Pharmacy permit is current and posted [20 CSR 2220-2.020(5)]	☑	☐	☐
Permit has correct class(es) [20 CSR 2220-2.020(10)]	☑	☐	☐
All licenses/registrations current and posted [§ 338.013.3]	☑	☐	☐
Technician list maintained [20 CSR 2220-2.090(2)(BB)]	☑	☐	☐
BOP offsite storage notifications submitted [20 CSR 2220-2.010(1)(I), (J)]	☑	☐	☐
BOP remodel notifications submitted [20 CSR 2220-2.020(4)]	☑	☐	☐

Observations

PHARMACY OPERATIONS

	Y	N	N/A
Pharmacy is clean/sanitary [20 CSR 2220-2.010(1)(F)]	☑	☐	☐
Proper sanitation used in dispensing process [20 CSR 2220-2.010(1)(F)]	☑	☐	☐
Adequate security maintained to deter drug theft [20 CSR 2220-2.010(H)]	☑	☐	☐
Hot/cold water sewage disposal available and functioning [20 CSR 2220-2.090(2)(V)]	☑	☐	☐
Required drug reference(s) available [20 CSR 2220-2.010(2)(C)]	☑	☐	☐
Dispensing equipment clean/working condition [20 CSR 2220-2.010(2)(C)]	☑	☐	☐
Vacuum-tube delivery system working properly [20 CSR 2220-2.800]	☐	☐	☑
Automated dispensing/storage system meets requirements [20 CSR 2220-2.900]	☐	☐	☑
Automated filling system meets requirements [20 CSR 2220-2.950]	☐	☐	☑

Observations

PHARMACIST SUPERVISION	Y	N	N/A
Pharmacist on duty or signs posted [20 CSR 2220-2.010(1)(A)]	☑	☐	☐
Technicians supervised, work verified by a pharmacist [20 CSR 2220-2.700(1); 2.010 (1)(B)]	☑	☐	☐

Observations

POLICIES AND PROCEDURES	Y	N	N/A
Policies and procedures available and followed	☑	☐	☐
Policies and procedures cover required topics	☑	☐	☐

Observations

DRUG INVENTORY/STORAGE	Y	N	N/A
Drug storage temperature in required range [20 CSR 2220-2.010(2)(G)]	☑	☐	☐
Thermometer/temp measuring device present and functioning [20 CSR 2220-2.010(2)(F)]	☑	☐	☐
Drugs/devices properly separated from food/beverages [20 CSR 2220-2.010(1)(G)]	☑	☐	☐
Expired/misbranded/adulterated drugs separate from active inventory [20 CSR 2220-2.010(6)]	☑	☐	☐
Return to stock prescriptions in original container/properly labeled [20 CSR 2220-3.040(3)]	☑	☐	☐

Observations

RECEIPT/DISTRIBUTION OF DRUGS	Y	N	N/A
Records maintained for receipt of legend drugs [20 CSR 2220-2.010(5)]	☑	☐	☐
Receiving legend drugs from licensed entities [§ 338.315]	☑	☐	☐
Records maintained for distribution of legend drugs [20 CSR 2220-2.010(5)]	☑	☐	☐

Observations

REPACKAGING/PREPACKAGING	Y	N	N/A
Appropriate containers/packaging used [20 CSR 2220-2.130(1)(B)]	☑	☐	☐
Label contains required elements [20 CSR 2220-2.130(1)(D)]	☑	☐	☐
Expiration date complies with 20 CSR 2220-2.130(1)(D)	☑	☐	☐

Observations

DISPENSING RECORDS	Y	N	N/A
Prescription files or images properly maintained [20 CSR 2220-2.010(4), 2.083]	☑	☐	☐
Manual prescription records comply with 20 CSR 2220-2.017	☑	☐	☐
Electronic prescription records comply with 20 CSR 2220-2.080	☑	☐	☐

Observations

DISPENSING/LABELING	Y	N	N/A
Sampled prescriptions in required two-line format [§ 338.056]	☐	☐	☑
Sampled prescriptions contain all required information	☑	☐	☐
Sampled prescriptions dispensed as prescribed	☑	☐	☐
Sampled prescriptions comply with other applicable dispensing laws	☑	☐	☐
Generic substitutions comply with 338.056	☑	☐	☐
Prescription labels contain required information [§ 338.059]	☑	☐	☐
Child resistant packaging present [16 CFR 1700.14]	☑	☐	☐
Return to stock items properly reversed in computer system [20 CSR 2220-3.040(3)]	☑	☐	☐
Prescription transfers properly documented [20 CSR 2220-2.120(1)(a)]	☑	☐	☐
Verbal offer to counsel made to each patient [20 CSR 2220-2.190(1)]	☑	☐	☐
Written offer to counsel provided when required [20 CSR 2220-2.190(1)]	☑	☐	☐
Automated Filling System properly checked by pharmacist [20 CSR 2220-2.950(4)]	☐	☐	☑

Observations

LONG-TERM CARE DISPENSING	Y	N	N/A
Packaging complies with 20 CSR 2220-2.140	☐	☐	☑
Sampled labels complete [20 CSR 2220-2.140(2)(B)]	☐	☐	☑
Proper sanitation used when packaging [20 CSR 2220-2.010(1)(F)]	☐	☐	☑
Proper return and reuse of medication [20 CSR 2220-3.030(1)(2)]	☐	☐	☑
Proper label changes for previously dispensed prescriptions [20 CSR 2220-2.140(2)(B)]	☐	☐	☑
Proper dispensing records maintained [20 CSR 2220-2.080; 20 CSR 2220-2.010(2)]	☐	☐	☑

Observations

MULTI-MED DISPENSING	Y	N	N/A
Packaging and containers comply with 20 CSR 2220-2.145(2)(C), (D)	☐	☐	☑
Med paks properly labeled [20 CSR 2220-2.145(2)]	☐	☐	☑
Proper sanitation used when packaging [20 CSR 2220-2.010(1)(F)]	☐	☐	☑
Return/reuse complies with 20 CSR 2220-2.145(2)(H)	☐	☐	☑
Proper dispensing records maintained [20 CSR 2220-2.145(2)(F); 20 CSR 2220-2.080; 20 CSR 2220-2.010(2)]	☐	☐	☑

Observations

CONTROLLED SUBSTANCES

	Y	N	N/A
BNDD/DEA registrations current/active [§ 195.030.2; 21 CFR 1301.11]	☐	☐	☑
Sampled prescriptions comply with CS dispensing laws/rules	☐	☐	☑
CS prescriptions manually signed or valid electronic prescription [21 CFR § 1306.8]	☐	☐	☑
Medical reason for dispensing more than a 30-day supply of a C-II documented [§ 195.080.2]	☐	☐	☑
CS prescription quantity limits and partial fill requirements followed [195.080, 19 CSR 30-1.064]	☐	☐	☑
C-II drugs under lock/secure cabinet (19 CSR 30-1.034]	☐	☐	☑
C-III to IV dispersed in inventory or under lock/secure cabinet [19 CSR 30-1.034(1)]	☐	☐	☑
C-III to C-V invoices dated when received [19 CSR 30-1.048(4)]	☐	☐	☑
Loss reports properly filed [19 CSR 30-1.034(2)(B); 21 CFR 1301.76(b)]	☐	☐	☑

Observations

CONTROLLED SUBSTANCES INVENTORY

	Y	N	N/A
CS inventory available and taken annually and when required [19 CSR 30-1.042]	☐	☐	☑
CS inventory contains date and time taken [19 CSR 30-1.042(1)(D)]	☐	☐	☑
CS inventory includes C-V pseudoephedrine products [19 CSR 30-1.042]	☐	☐	☑
Pharmacist-in-charge change inventory taken [20 CSR 2220-2.090(2)(T)]	☐	☐	☑

Observations

C-II Ordering

	Y	N	N/A
Sampled CSOS or 222 forms, accessible, executed and complete [21 CFR § 1305.13, .22]	☐	☐	☑
CSOS usernames/passwords not shared [21 CFR §1305.21]	☐	☐	☑

Observations

OTC/PSEUDOEPHEDRINE SALES

	Y	N	N/A
Schedule V OTC PSE products behind counter or under lock [19 CSR 30-1.034]	☐	☐	☑
Combat Meth Act self-certification current [21 CFR 1306.8]	☐	☐	☑
Pseudoephedrine sales properly entered into database and accessible [19 CSR 30-1.074]	☐	☐	☑

Observations

ADMINISTRATION BY PROTOCOL

	Y	N	N/A
Protocol complete, current, signed/dated, and followed [20 CSR 2220-6.050(5)(B)]	☐	☐	☑
Administration records properly maintained [20 CSR 2220-6.050(6)]	☐	☐	☑
Vaccines are authorized by and age limits followed [§338.010]	☐	☐	☑

Observations

ADMINISTRATION BY PRESCRIPTION ORDER

	Y	N	N/A
Prescription requirements met [20 CSR 2220-6.040(5)]	☐	☐	☑
Administration records properly maintained [20 CSR 2220-6.040(6)]	☐	☐	☑

Observations

NON-STERILE COMPOUNDING

	Y	N	N/A
Compounding equipment functioning/maintained [20 CSR 2220-2.400(5)©]	☐	☐	☑
Active/therapeutic ingredients on prescription container [20 CSR 2220-2.400(7)(F)]	☐	☐	☑
Compound log accurately maintained [20 CSR 2220-2.400(7)]	☐	☐	☑
Other compounding records properly maintained [20 CSR 2220-2.400(7)]	☐	☐	☑
Bulk active ingredients meet compendial standards or certificate of analysis maintained [20 CSR 2220-2.400(8)(A)2]	☐	☐	☑
Return to stock items handled as batched with lot # and BUD on container label and documented in compound log [20 CSR 2220-2.400(7)(A), (D)]	☐	☐	☑
Batch/bulk compounds stored and labeled with lot # and BUD [20 CSR 2220-2.400(7)(A)6.]	☐	☐	☑
Adverse effects/complaints documented and investigated [20 CSR 2220-2.400(8)(B)]	☐	☐	☑
Recalls and prescriber/patient notifications conducted when required [20 CSR 2220-2.400(8)(C)]	☐	☐	☑

Observations

Additional Observations:

Additional Comments:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Lemonaid Pharmacy, LLC

Physical Address 1015 Locust St, STE 420

City Saint Louis State MO Zip 63101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-536-6670 Website www.lemonaidpharmacy.com

Licensing Company Email rxlicensing@lemonaid.com

Section 2: Personal Information

First Eland Middle _____ Last Siddle

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Macklind Ave, STE [redacted]

City Saint Louis State MO Zip 63101

Telephone [redacted] Email rxlicensing@lemonaid.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's Initials ES

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. LOUIS COLLEGE OF PHARMACY		8/03 - 5/09	
Address	**City**	**State**	**Zip**
1 PHARMACY PLACE	ST. LOUIS	MO	63110
Diploma/Degree obtained, if any			
PHARM. D.			

School Name		From - To (MM/YY – MM/YY)	
ALTON HIGH SCHOOL		8/95 - 5/03	
Address	**City**	**State**	**Zip**
4200 HUMBERT ROAD	ALTON	IL	62002
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/11 - CURRENT	[redacted] GLADE FOREST LN	AFFTON	MO	63123
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
LEMONADE PHARMACY, LLC		11/18 - CURRENT	
Business Address	**City**	**State**	**Zip**
1015 LOCUST ST, STE 420	ST. LOUIS	MO	63101
Phone	**Title**	**Number of Employed Hours**	
888-536-6670	PHARMACIST IN CHARGE	6720	
Description of Duties	PHARMACIST IN CHARGE FOR NATIONAL MAIL ORDER PHARMACY. ALL PHARMACY DUTIES INCLUDING COUNSELING, IV1, IV2, AND DRUG UTILIZATION REVIEWS.		

Business Name		From - To (MM/YY – MM/YY)	
SHOP N SAVE PHARMACY		12/10 - 10/18	
Business Address	**City**	**State**	**Zip**
7057 CHEPLEWA	SHREVESPORT	MO	63119
Phone	**Title**	**Number of Employed Hours**	
314-644-7010	PHARMACIST IN CHARGE	16,480	
Description of Duties	PHARMACIST IN CHARGE FOR GROCERY CHAIN PHARMACY		

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials BS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BS

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials KS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/2/2022
Date

Applicant's initials _____

I, ELAND SIDDLE, **certify that as the designated representative for** LEMONAID PHARMACY, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

ELAND SIDDLE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/2/2022

Date

Applicant's initials ES

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ELAND SUDDUTH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/2/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MISSOURI, ss. County of ST. LOUIS CITY

I, ELAND SUDDUTH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/2/2022

Date

Subscribed and Sworn to before me this 2nd day of February 2022

Notary Public Signature

APRIL WARD
Notary Public - Notary Seal
St. Louis City - State of Missouri
Commission Number 20279044
My Commission Expires Oct 8, 2024

(Seal)

Applicant's initials ES

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Eland B. Siddle

Date: 09/23/2021
Amount:
License #: 20942

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Eland B. Siddle

License #
20942
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20942

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Eland B. Siddle

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Olivia Mora

From: Eland Siddle <eland@lemonaid.com>
Sent: Thursday, February 17, 2022 11:43 AM
To: Olivia Mora
Cc: rxlicensing@lemonaidpharmacy.com
Subject: Re: Pharmacy Application Lemonaid Pharmacy LLC - Change of Ownership PH04028

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hey Olivia,

We do no have a DEA number since we don't do controlled substances.

Let me know if you have any other questions!



Eland Siddle (he/him), Head of Pharmacy
Lemonaid

On Thu, Feb 17, 2022 at 1:33 PM 'Olivia Mora' via Pharmacy Licensing <rxlicensing@polkadoc.com> wrote:

> This is for PH04028.
>
> Regards,
>
> **Olivia Mora**
>
> **Licensing Specialist**
>
> **Nevada State Board of Pharmacy**
>
> **(775) 850-1440**
>
> **o.mora@pharmacy.nv.gov**

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Olivia Mora
Sent: Thursday, February 17, 2022 11:32 AM
To: rxlicensing@lemonaidpharmacy.com
Subject: Pharmacy Application Lemonaid Pharmacy LLC - Change of Ownership

Hello,

We have received the Pharmacy Application for Lemonaid Pharmacy LLC – Change of Ownership. Just one piece of information needed. Please.

- Can you please email me a copy of the DEA.

Thank you so much for submitting a very organize application.

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy* **or** ☑ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 02735

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 9045 E. Pima Center Parkway, Suite 1

Mailing Address: [Same as physical address]

City: Scottsdale State: AZ Zip Code: 85258

Telephone: 480-745-3200 Fax: 480-699-5635

Toll Free Number: 855-351-9517 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://specialty.optumrx.com/infusion

Managing Pharmacist: Steven Lerch License Number: S009549 (AZ)

NV Temp Stephanie Zuhl 22198

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds_____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☑	Mail Service
☑	Community	☐	Long Term Care
☑	Other: Infusion	☑	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☑	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services: Infusion

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary

Print Name of Authorized Person

7/26/2021

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Ownership is an LLC

State of Incorporation: Entity is an LLC - Formed in Delaware

Parent Company if any: Diplomat Blocker, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 763-321-2595 Fax: 844-377-0216

Contact Person: Cathy Winters

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. N/A - entity is an LLC

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday On call am _____ pm

Sunday On Call am _____ pm 24 Hours On call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Stephanie R. Zuhl

Date: 12/16/2021
Amount:
License #: 22198

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:06/16/2022

Stephanie R. Zuhl

License #
22198
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22198

Expires: 06/16/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Stephanie R. Zuhl

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of Optum Infusion Services 550, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary

Print Name of Authorized Person

7/26/2021

Date

Managing Pharmacist

Pharmacist Name: Steven Michael Lerch License #: S009549 (AZ)

Pharmacy Name: Optum Infusion Services 550, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

9/2/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Karen Peterson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for Optum Infusion Services 550, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of September, 2021.

Official Seal
Maleta G Beahan
Notary Public State of Illinois
My Commission Expires 03/06/2022

Maleta N. Beahan
NOTARY PUBLIC

Optum Infusion Services 550, LLC

Officer, and Ownership Information

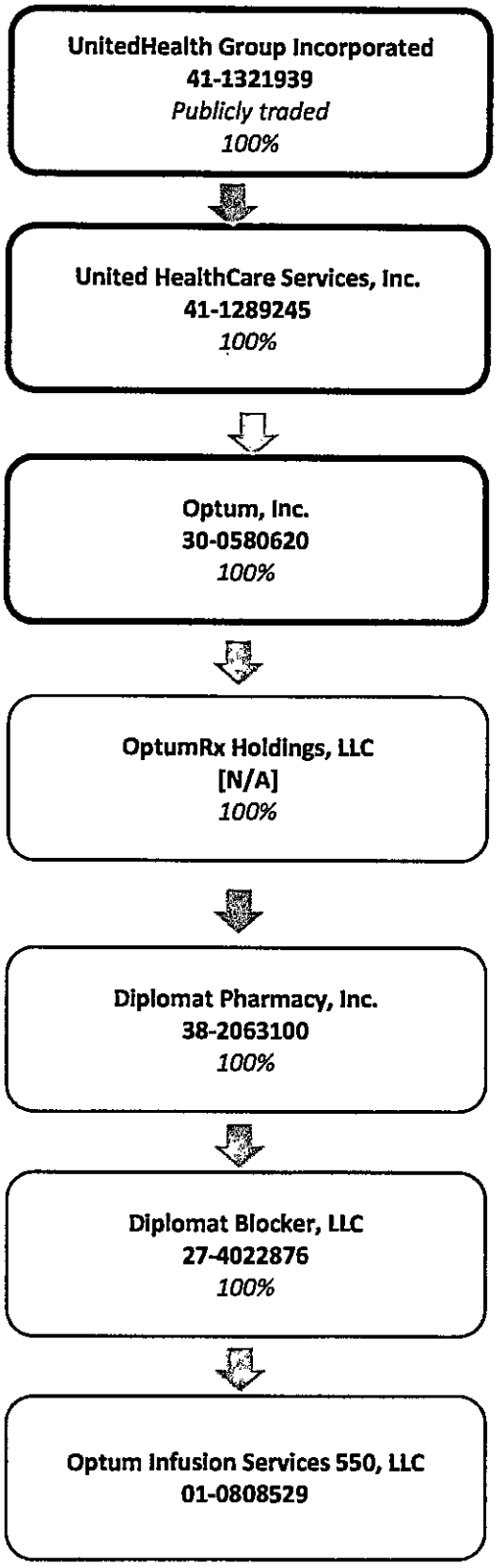
Officers:

Name	Title
Michael Zeglinski	CEO & President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary
Timothy Langdon	Assistant Secretary

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
FEIN: 01-0808529
1600 McConnor Parkway
Schaumburg, IL 60173
(763) 321-2595

The sole member of Optum Infusion Services 550, LLC is:
Diplomat Blocker, LLC
FEIN: 27-4022876
4100 S. Saginaw St.
Flint, MI 48507
(763) 321-2595

Optum Infusion Services 550, LLC – Organizational Chart



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/07/2021
Receipt
Number: 2021109028
Receipt Amount $: 480.00

Pharmacy - Limited Service

Retail

PERMIT NO
Y008284

EXPIRES
10/31/2023

Issued to :

Optum Infusion Services 550, LLC
Optum Infusion Services 550, LLC
9045 E. PIMA CENTER PARKWAY SUITE 1
SCOTTSDALE, AZ 85258

Optum Infusion Services 550, LLC
9045 E. PIMA CENTER PARKWAY SUITE 1
SCOTTSDALE, AZ 85258

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Optum Infusion Services 550, LLC
LICENSE NUMBER : Y008284
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD9125091	12-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-11-2020

OPTUM INFUSION SERVICES 550, LLC
9045 E PIMA CENTER PKWY STE 1
SCOTTSDALE, AZ 852584621

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD9125091	12-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-11-2020

OPTUM INFUSION SERVICES 550, LLC
9045 E PIMA CENTER PKWY STE 1
SCOTTSDALE, AZ 852584621

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Infusion Services 550, LLC** , as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202082379668
You may verify this certificate online at http://www.nvsos.gov

Disciplinary Action History

Please note that the pharmacy has no responsive information. The below disclosure applies to other facilities under common ownership at the time.

Optum Infusion Services 550, LLC (fka BioRx, LLC)

Cincinnati, OH Location

- **Hawaii Board of Pharmacy, 2020.** Hawaii Board of Pharmacy Department of Commerce and Consumer Affairs issued a $500 fine to BioRx, LLC, doing business as Diplomat Specialty Infusion Group, for allegations that a 2018 Texas Board of Pharmacy action was not reported timely.

- **New Hampshire Board of Pharmacy, 2019.** New Hampshire Board of Pharmacy issued a notice of violation to Diplomat Specialty Infusion Group for failing to report an August 7, 2018 Texas Board of Pharmacy Order (discipline). NH BOP imposed a $150 fine to resolve the matter.

- **Texas Board of Pharmacy, 2018.** Texas Board of Pharmacy reprimanded Diplomat Specialty Infusion Group for failing to ensure the accuracy of a sample compounded sterile preparation, compounded and collected during an inspection, met the United States Pharmacopeia established range.

- **Hawaii Board of Pharmacy, 2016.** Hawaii Department of Commerce and Consumer Affairs issued a fine to BioRx, LLC for failing to report a disciplinary action from the Alaska Board of Pharmacy in a timely manner. $500 fine paid.

- **Alaska Board of Pharmacy, 2015.** Alaska Board of Pharmacy issued a fine against BioRx, LLC for failing to disclose an employee's past license suspension in a change of ownership application. $2,000 fine paid.

Urbandale, IA Location

- **Alabama Board of Pharmacy, 2020.** Alabama Board of Pharmacy imposed a $1500 fine against BioRx LLC (dba Diplomat Specialty Infusion Group) for failing to disclose a 2010 disciplinary action on the 2011-2012 renewal and failing to timely disclose a 2017 disciplinary action.

- **Texas Board of Pharmacy, 2017.** Texas Board of Pharmacy issued a fine to BioRx, LLC for failing to report disciplinary action from the Colorado State Board of Pharmacy in a timely manner. $1,000 fine paid.

- **Hawaii Board of Pharmacy, 2017.** Hawaii Regulated Industries Complaint Office issued a $500 fine for failing to report the disciplinary action from the Colorado State Board of Pharmacy in a timely manner.

- **Colorado Board of Pharmacy, 2010**. Colorado Board of Pharmacy issued a fine to BioRx, LLC for failing to report to the Colorado's Prescription Drug Monitoring Program (PDMP) within the 30 day from the due date in December 2009 and January 2010. $5,500 fine paid.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Carlsbad, CA Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC in Carlsbad, CA for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Scottsdale, AZ Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Signature

Karen Peterson, Secretary
Printed Name

7/26/2021
Date

Updated copy of the DEA with the new name. A copy of the updated DEA is enclosed

Updated inspection with the new name (if Available). Arizona, the facility's resident state, does not conduct new inspections for name changes. As a result, the facility does not have an inspection report in the new name.

If you have any questions, please contact me at (608) 283-2628 or Rachel.Dykema@quarles.com or Anne O'Brien at (312) 715-5259 or Anne.O'Brien@quarles.com.

Very truly yours,

Rachel Dykema

Rachel Dykema

Enclosures

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : Y008284

AZ Permit Exp.Date : 10/31/2021

Business Name : Diplomat Specialty Infusion Group

Address : 9045 E. Pima Center Parkway

Zip : 85258

City : Scottsdale

State : AZ

Phone : (480) 745-3200

Fax : (480) 699-5635

Email : slerch@diplomat.is

Inspection Date : 05/18/2020

PIC : Steven Lerch

Pic License Exp Date : 10/31/2021

DEA # : FD9125091

Inspection Reviewed With : Steven Lerch

Reviewers License# : 5009549

Inspection type : Change of Ownership

Inspection Conducted By : Dennis Waggoner

ACTIVITIES

1	Nonsterile Compounding	OYES ◉NO
2	Nonsterile Hazardous Compounding	OYES ◉NO
3	Sterile Compounding	OYES ◉NO
4	Sterile Hazardous Compounding	OYES ◉NO

Hospital Facility Data

Licensed Beds

DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel No changes to physical space.	◉S OC/P OU ON/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S OC/P OU ON/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

3	Design-efficient, safe pharmacy practice	◉S OC/P OU ON/A R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(8); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉S OC/P OU ON/A R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S OC/P OU ON/A R4-23-609(C); R4-23-672(A); R4-23-675(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Limited Service pharmacy, no retail customers.	OS OC/P OU ◉N/A R4-23-609(D)
7	Enclosed (barrier)	◉S OC/P OU ON/A R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S OC/P OU ON/A R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S OC/P OU ON/A R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	OS OC/P OU ◉N/A R4-23-609(H)
12	Receiving/checking area	◉S OC/P OU ON/A R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	OS OC/P OU ◉N/A R4-23-610(F)
14	Walls	◉S OC/P OU ON/A R4-23-611(A)(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-675(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S OC/P OU ON/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	◉S OC/P OU ON/A R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S OC/P OU ON/A R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

20	Nonsterile compounding area R4-23-410(E)	OS OC/P OU ◉N/A

SECURITY

1	Controlled substances R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) No controlled substances stocked at this time.	OS OC/P OU ◉N/A
2	Pharmacist access R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-675(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
3	Additional pharmacy drug storage areas R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	OS OC/P OU ◉N/A
4	Filled Rx medication storage R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)	◉S OC/P OU ON/A
5	Remote drug storage (hospitals) R4-23-654(D); R4-23-672(C)	OS OC/P OU ◉N/A

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
2	Therapeutics reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
3	Drug compatibility reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
4	Drug product equivalency reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
5	Sterile products reference R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-675(C); R4-23-675(A)	◉S OC/P OU ON/A
6	Policy and procedure manual-pharmacy operations R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)	◉S OC/P OU ON/A
7	Policy and procedure manual-technicians R4-23-610(A); R4-23-655; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)	◉S OC/P OU ON/A
8	Policy and procedure manual-automation R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04	OS OC/P OU ◉N/A
9	Policy and procedure manual-compounding R4-23-410; R4-23-670	OS OC/P OU ◉N/A
10	Arizona statutes/rules R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

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11	Current antidote/drug interaction information R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
12	Poison Control # displayed R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A

PHARMACY EQUIPMENT/FORMS

1	Refrigerator R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
2	Freezer R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
3	Computer-security/data storage R4-23-408	◉S OC/P OU ON/A
4	Computer-patient profiles R4-23-408(B)(3)	◉S OC/P OU ON/A
5	Computer-single drug usage report R4-23-408(B)(4)	◉S OC/P OU ON/A
6	Computer-pharmacist log book/hard copy print out R4-23-408(C)(4)	◉S OC/P OU ON/A
7	Prescription label ARS §7-1063.01; ARS §7-1068; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-709(C)	◉S OC/P OU ON/A
8	Federal transfer labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S OC/P OU ON/A
9	Warning labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S OC/P OU ON/A
10	Written patient information R4-23-402(C)(4); R4-23-402(I)	◉S OC/P OU ON/A
11	Consultation log R4-23-402(G)	OS OC/P OU ◉N/A
12	Federal medication guides 21 CFR part 208	◉S OC/P OU ON/A
13	Hospital IV label R4-23-658	OS OC/P OU ◉N/A
14	Generic Rx blanks R4-23-403(A); R4-23-407(D)	◉S OC/P OU ON/A
15	Immunization administration recordkeeping R4-23-411(F)	OS OC/P OU ◉N/A

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

16	Schedule V register	OS OC/P OU ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log	OS OC/P OU ◉N/A	ARS 32-1977
18	Red C stamp	OS OC/P OU ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉S OC/P OU ON/A	R4-23-502
20	Graduates	OS OC/P OU ◉N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	OS OC/P OU ◉N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	OS OC/P OU ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	OS OC/P OU ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	OS OC/P OU ◉N/A	R4-23-613(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	OS OC/P OU ◉N/A	R4-23-615
30	Mechanical counting device	OS OC/P OU ◉N/A	R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ◉N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	OS OC/P OU ◉N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ◉N/A	R4-23-701.04

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 05/18/2020 for Diplomat Specialty Infusion Group

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STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	OS OC/P OU ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	OS OC/P OU ◉N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	OS OC/P OU ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	OS OC/P OU ◉N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	OS OC/P OU ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	OS OC/P OU ◉N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	OS OC/P OU ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	OS OC/P OU ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	OS OC/P OU ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	OS OC/P OU ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	OS OC/P OU ◉N/A	R4-23-120; R4-23-670(C)(F)

NOTES

Hours of operation: M/F 8A-5P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Optum Infusion Services 550, LLC

Physical Address 9045 E. Pima Center Parkway, Suite 1

City Scottsdale State AZ Zip 85258

Mailing Address (if different from physical address) N/A - same as physical address

City _____ State _____ Zip _____

Telephone (480) 745-3200 Website https://specialty.optumrx.com/infusion

Licensing Company Email orxpharmlic@optum.com

Section 2: Personal Information

First Stephanie Middle _____ Last Zuhl

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] E. Pima Center Parkway, Suite [redacted]

City Scottsdale State AZ Zip 85258

Telephone [redacted] Email [redacted]@optum.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SZ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Arizona College of Pharmacy		8/2003 - 5/12/2007	
Address	**City**	**State**	**Zip**
1295 N Martin Ave	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		8/1999 - 8/2003	
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Highland High School		8/1996 - 6/1999	
Address	**City**	**State**	**Zip**
2166 S 1700 E	Salt Lake City	UT	84106
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/13 - current	[redacted] E Vernon Ave	Scottsdale	AZ	85257
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SZ

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Optum Infusion Pharmacy (formerly Diplomat Specialty Infusion)			From - To (MM/YY – MM/YY): 3/20 - current	
Business Address: 9045 E Pima Center Parkway Suite #1		City: Scottsdale	State: AZ	Zip: 85257
Phone: 480-745-3200	Title: Clinical Pharmacist		Number of Employed Hours: ~ 3800hrs	
Description of Duties: Reviews medication orders and evaluates appropiateness and completeness of orders as it relates to specialty medications. Creates care plans for individual patiens and monitors and updates the care plan as needed during the				
Business Name: CVS/Coram Specialty Infusion (formerly Preferred Homecare)			From - To (MM/YY – MM/YY): 10/16 - 3/20	
Business Address: 4601 E Hilton Ave Suite #100		City: Phoenix	State: AZ	Zip: 85034
Phone: 480-446-9010	Title: Clinical Pharmacist		Number of Employed Hours: ~6200hrs	
Description of Duties: Dispenses and clinically familiar with therapies such as IV antibiotics, aminoglycosides, TPN, factor, IVIG, SCIG. Knowledgeable of the compounding of intravenous medications using aseptic technique according to Federal USP 797.				
Business Name: Coram Specialty Infusion			From - To (MM/YY – MM/YY): 10/09 - 10/15	
Business Address: 4310 E Cotton Center Blvd Suite 110		City: Phoenix	State: AZ	Zip: 85040
Phone: 602-438-7888	Title: Clinical Pharmacist		Number of Employed Hours: ~62,000hrs	
Description of Duties: Interprets and evaluates physician medication orders for therapeutic appropriateness, accuracy, and completeness. Accurately checks compounded sterile products.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials SZ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/8/2006	2/9/2007	AZ	Tucson	Pima
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
TR20063614		Town Of Marana, Pima County		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Guilty				
Name of Business/Industry/Entity				

Provide explanation below:

On November 8, 2006 I was arrested for a DUI. A plea deal was reached on 2/9/2007 after completing all the necessary classes and paying the fine.

Stephanie Z

Original Signature (electronic, copies or stamps not accepted)

1/12/2021

Date

Applicant's initials SZ

I, Stephanie Zuhl, **certify that as the designated representative for** Optum Infusion Services 550, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Stephanie Zuhl

Print Name (First, Last)

Stephanie Zuhl

Original Signature (electronic, copies or stamps not accepted)

1/12/2021

Date

Applicant's initials SZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephanie Zuhl

Print Name (First, Last)

Stephanie Zuhl

Original Signature (electronic, copies or stamps not accepted)

1/12/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Stephanie Zuhl, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Stephanie Zuhl

Original Signature

1/12/21

Date

Subscribed and Sworn to before me this 12th day of Jan.

Elizabeth Romero

Notary Public Signature

ELIZABETH ROMERO
Notary Public - Arizona
Maricopa County
Commiss(Seal) 555208
My Commission Expires November 30, 2022

Applicant's initials SZ

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PipelineRx

Physical Address: 1730 Blake St. #400

City: Denver State: CO Zip: 80202

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 847-696-9101 ext 1001 Toll Free # (NAC 639.708, NRS 639.23286): 877-696-9101

Fax: 847-696-1349 Contact Email: Lstevens@pipelinerx.com

Website: www.pipelinerx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kevin L Jones

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18972

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☑ Other: description of service attach	☑ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☑ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: See attached list	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any):

Corporation/Organization Name: Pipeline Health Holdings LLC

Mailing Address: 88 Kearny ST. #2103

City: San Francisco State: CA Zip: 94108

Telephone: 847-696-9101 Email: Lstevens@pipelinerx.com

Contact Person Name: Linda Stevens

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: n/a

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: n/a

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

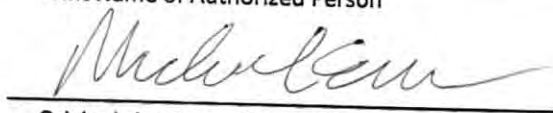
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the COO (title) for Pipeline Health Holdings LLC (dba) Pipelinerx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Myers

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/1/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Myers hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the COO (title) for Pipeline Health Holdings LLC (dba)PipelineRx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of March, 2022

Notary Public

Official Seal
Linda M Stevens
Notary Public State of Illinois
My Commission Expires 9/23/2025

N/A out of State

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Kevin L. Jones Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Myers, COO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/1/22

Date

Board Use Only	Date Received: 2/28/22	Amount: MO # 27585367582

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PipelineRx

Physical Address 1730 Blake St, Suite 400

City Denver State CO Zip 80202

Mailing Address (If different from physical address) _____

City _____ State _____ Zip _____

Telephone 7204774146 Website www.PipelineRx.com

Licensing Company Email kjones@pipelinerx.com

Section 2: Personal Information

First Kevin Middle L Last Jones

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] S. Robb Way

City Lakewood State CO Zip 80227

Telephone [redacted] Email [redacted]@pipelinerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials KLJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Georgia College of Business		08/87-06/89	
Address	**City**	**State**	**Zip**
600 Lumpkin St	Athens	GA	30305
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Georgia College of Pharmacy		06/84-08/87	
Address	**City**	**State**	**Zip**
250 W. Green St.	Athens	GA	30602
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
First Presbyterian Day School			
Address	**City**	**State**	**Zip**
5671 Calvin Dr.	Macon	GA	31210
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/03-Present	[redacted] S. Robb Way	Lakewood	CO	80227
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PipelineRx			11/14-Present	
Business Address		**City**	**State**	**Zip**
1730 Blake St, Suite 400		Denver	CO	80202
Phone	**Title**		**Number of Employed Hours**	
7204774146	Pharmacist/Manager		15250	
Description of Duties				
Remote order review and verification. Management of the pharmacy team.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KLJ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials KLJ

I, Kevin L. Jones, **certify that as the designated representative for**

PipelineRx,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kevin Jones

Print Name (First, Last)

Kevin L Jones

Original Signature (electronic, copies or stamps not accepted)

~~2/28/2022~~ 3/1/2022

Date

Applicant's initials KLJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Jones

Print Name (First, Last)

Kevin L Jones

Original Signature (electronic, copies or stamps not accepted)

~~2/28/2022~~ 3/1/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Jefferson

I, Kevin L. Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kevin L Jones

Original Signature

3/1/2022

Date

Subscribed and Sworn to before me this 1 day of March 2022

Madison Lehker

Notary Public Signature

MADISON RAE LEHKER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20204020372
MY COMMISSION EXPIRES 06/11/2024

(Seal)

Applicant's initials KLJ

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
KEVIN L. JONES

Date: 09/01/2021
Amount: $ 210.00
License #: 18972

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

KEVIN L. JONES

License #
18972
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 18972

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

KEVIN L. JONES

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

PipelineRx

Company Officers

Company Officer	Business Address and phone	Home Address and Phone	Title
Randy Hyun	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Pine St. Bellaire, TX 77401 BD [redacted]	President
Mike Myers	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Lincoln Ave Louisville, CO 80027 [redacted] BD [redacted]	COO
Stephen Andrews	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Thackeray Wellesley, MA 02481 BD [redacted] [redacted]	CFO

Company Ownership – All parties owning more than 10%

Pipeline Buyer, Inc
50 Kennedy Plaza
12th Floor
Providence, RI 02903

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPELINE HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPELINE HEALTH HOLDINGS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4725764 8300

SR# 20214257730

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205117667

Date: 12-29-21

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPELINE HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPELINE HEALTH HOLDINGS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4725764 8300

100727552

AUTHENTICATION: 8102754

DATE: 07-08-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:39 AM 08/31/2009
FILED 11:39 AM 08/31/2009
SRV 090820868 - 4725764 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

This Certificate of Formation is filed pursuant to Section 18-201 of the Delaware Limited Liability Company Act (the "Act") to form a limited liability company under the Act.

1. ***Name.*** The name of the limited liability company is Pipeline Health Holdings LLC.

2. ***Registered Office; Registered Agent.*** The address of the registered office of the Company required to be maintained by Section 18-104 of the Act is:

Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

The name and the address of the registered agent for service of process required to be maintained by Section 18-104 of the Act are:

The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation in Dallas, Texas on August 31, 2009.

JEFFREY B. WILLIAMS
Authorized Person

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 12/17/21 **Time In/Out:** 9:00 am / 9:20 am

PDO Name Pipeline Rx **Registration No** 168-165 **Expiration Date** 10/31/2022

Address 1730 Blake St, Ste 400 **City** Denver **Zip** 80202

Pharmacist Manager Kevin Jones **Lic No** 14335 **Email** Kjones@ pipelinerx.com

RPH on Duty Same **Lic No** _____ **Email** _____

Physical/Postings	Compliant?
5.01.31b&c: Clean, sanitary, adequate space	YES
5.01.31d,f&g: Hot & cold water, frig & freezer	NO
5.01.50: Pharmacy security	YES
CRS 12-280-119:RPH/tech ratio 1:0 nametags	YES
CRS 12-280-116:Licenses and registrations posted	YES
11.08.00, 7.00.30b: Employee list, tech posting	YES
5.01.31l: Prior inspection 0 # deficiencies	YES
3.00.51: Initial interpretation and final evaluation	YES
23.00.60: PDMP notice, 20.00.70; CPP notice	N/A
5.01.31h: Professional reference library	YES
Recordkeeping	
11.03.00: CS Inventory date _____	N/A
11.06.00: CII, CIII-V, RX drug receipts dated	N/A
11.06.05: Receipts from registered sources	N/A
11.07.20: Casual Sale records	N/A
11.07.10: Floor stock distribution	N/A
11.04.20: Daily printouts	N/A
3.00.90b: RTS records	N/A
25.00.16: SPDO: CS inv., distribution, use records	N/A
27.00.30: HSP: CS inv., records of distribution	N/A
Dispensing	
11.04.10: Hardcopy of order filed appropriately	N/A
CII orders reviewed:_____	N/A
CIII-V orders reviewed:_____	N/A
RX orders reviewed:_____	N/A
2.01.53: Required order transfer information	N/A
2.01.10: Information to appear on each order	N/A
3.00.55: Prescription flavoring	N/A
Dispensing errors/valid prescription orders	N/A
Prescription labeling	N/A

Immunizations	Compliant?
19.01.10: Authorization, ACPE training, CPR	N/A
19.01.40: Administration records	N/A
19.01.50: Off-site administration	N/A
Non-Sterile Compounding	
21.10.10: P&P Manual annual review_____	N/A
21.10.20: Training of personnel	N/A
21.10.60: Components-expiration dating	N/A
21.10.90: Formulation records	N/A
21.11.00: Compounding records/labeling	N/A
21.10.80: Beyond use dating, studies on site	N/A
Central Prescription Processing/Remote Pharmacy Practice	
20.01.20 &26.00.20: Policy and procedure manual, written agreements _____	N/A
20.00.90: Records of receipt/delivery	N/A
3.00.90e: Return to stock records	N/A
Prepackaging/Labeling/Return Drug	N/A N/A
3.01.20: Prepack labeling and records	N/A
3.01.22: Automated cassette labeling & records	N/A
3.03.00: Customized medication packages	N/A
3.00.80: Return for dispensing or donation	N/A
21.00.20: Casual sale of compounded products	N/A
Collaborative Pharmacy Practice for Drug Therapy Management	
17.00.70: General authorization plan/ protocols	N/A
17.00.30: Pharmacist qualifications	N/A
17.01.00: Recordkeeping	N/A
E-kits	
10.00.40: Labeling & contents of kit	N/A
10.00.71: Removal and replacement of med	N/A

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name Pipeline Rx Pharmacist Manager Kevin Jones

1) 5.01.31 - Please maintain hot and cold running water.

No drugs on site.

Tier 1 ☑ Tier 2 ☐

Pursuant to CRS 12-280-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 280 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE
12/17/21	Mark Kelli R.Ph. 9:20 am
PHARMACIST'S SIGNATURE DATE	OTHER INSPECTORS PRESENT:

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Pipeline Rx

Prescription Drug Outlet- In-State

PDO.1680000165	11/01/2020
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Pipeline Rx

Prescription Drug Outlet- In-State

PDO.1680000165	11/01/2020
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Pipeline Rx		1730 Blake St Ste 400 Denver, CO 80202-1275

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000165		Prescription Drug Outlet- In-State	Active	04/01/2018	11/01/2020	10/31/2022

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Kevin L. Jones	PHA.0014335	04/01/2018	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Other Colorado License Records

The below license records are also on file with the Division of Professions and Occupations. For additional information, use our License Verification Search Screen (https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx) and enter the License Type and Number below in the search criteria.

License Number	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
OSP.0006500	Prescription Drug Outlet-Out-of-State	Expired	10/03/2014	11/01/2016	10/31/2018

Generated on: 3/1/2022 9:12:44 AM

Lookup Detail View

March 3, 2022

To: Nevada Board of Pharmacy
From: Pipeline Health Holdings, LLC (dba) PipelineRx

RE: Non-Resident application Explanation of closed licenses

PipelineRx closed the following licenses issued on our Illinois location.
Montana License #PHA-MOP-LIC 71129
New York License #036021
Colorado License #OSP.0006500
Texas License #30720

At the time we closed these permits we were considering closing our Illinois pharmacy location. We opened a resident Pharmacy in Colorado and opened the above-mentioned licenses as non-resident pharmacy out of the Colorado pharmacy. Operationally we choose not to close our Illinois location and discontinued moving other licenses to our Colorado location.

If you have any questions, please let me know.

Thank you

Linda Stevens

Sr. VP Client Operations

Legal Name - Last Name	Legal Name - First Name	Certification Number	Expiration Date	CO location	Il Location
Anczak	Michael	19822	10/31/2023	x	
Andrus	Shawn	17848	10/31/2023		x
Arrington	Samantha	19774	10/31/2023	x	
Berhanu	Dagmawe	20582	10/31/2023		
Cardwell	Laura	18994	10/31/2023	x	
Clisham	Christine	18244	10/31/2023		x
Derbsa	Lidya	20637	10/31/2023		
Garcia	Everlyn	19656	10/31/2023		
Jones	Kevin	18972	10/31/2023	x	
Marszalek	Daniel	20533	10/31/2023		
Meyer	John	20199	10/31/2023		
O'Neal	Patricia	18979	10/31/2023	x	
Pinto	Emily	18984	10/31/2023	x	
Radosevich	Kristi	20065	10/31/2023	x	
Richards	Ericka	19007	10/31/2023		x
Sudbrink	Gary	19703	10/31/2023		
Suriyachottakul	Jiratchaya	20611	10/31/2023		
Treasure	Staci	18968	10/31/2023	x	
Tsonev	Veneta	18482	10/31/2023		x
Vander Leest	Jana	18985	10/31/2023	x	
Wells	Svetlana	20387	10/31/2023		
Woodbury	Marcie	18993	10/31/2023	x	

Attachment A
PipelineRx Description of Service

PipelineRx provides Remote medication order and prescription entry and verification services to hospitals, health systems and pharmacies. In addition, we provide the following outpatient services in a hospital setting, MTM services, consulting services, and Transitions of Care. PipelineRx does not purchase, dispense, distribute, store drugs of any kind. We only provide the services listed above with no dispensing. PipelineRx provides services to hospitals on a national basis. PipelineRx holds pharmacy resident licenses in the states of Illinois, Nevada, and Colorado. In addition, we have nonresident licenses in 45 states.

Where state regulations allow, PipelineRx pharmacists work from residence-based, HIPAA-compliant, fully secure, closed-door offices, as permitted by each State Board of Pharmacy. Our pharmacists hold state pharmacy licenses to deliver services to patients located in the states. PipelineRx also provides service from our licensed pharmacies where states require this and follow those licensing requirements.

Our PipelineRx servers are secured in an Enterprise-level collocation facility in Santa Rosa, California with a disaster recovery hot-site in Chicago, Illinois. All equipment is owned by PipelineRx. Our servers run in a virtualized environment to ensure reliability and robustness. Our pharmacists are equipped with Pipeline-owned laptops, monitors and VOIP phones. All calls are routed through our virtual PBX to our distributed network of highly skilled professionals working in HIPPAA-compliant secure locations. All communication with PipelineRx, including the receipt of CPOE, faxed or scanned orders are done over secure and encrypted communications channels.

Our pharmacists work in a paperless environment; at no point are the medication orders or any other documents printed, nor does any PHI reside on the Pipeline pharmacists staff computers. All our activities are done in accordance with all Federal, State, and local laws including, but not limited to HIPAA and ARRA/HITECH.

Specifically, upon receiving an order or prescription, the remote pharmacist reviews the order against the patient's clinical data to check for appropriateness, including dosage levels and possible drug-drug interactions, remotely enters the order into the facility's pharmacy information system (i.e. Meditech, HBOC, Cerner, CPIS), and authorizes the administration or dispensing of the ordered medication to the patient. In addition, the remote pharmacist is available (if needed by the hospital), by phone or audio-visual connectivity, to consult directly with on-site staff (nursing or medical). Also include standard and customizable reports providing the hospitals with detailed information and statistics regarding all services provided.

All pharmacist providing service to our clients are in compliance with all Boards of Pharmacy rules and regulations. PipelineRx understands and complies with all the Board of Pharmacy Rules and Regulations.

Please let me know if you need any additional information.

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

August 31, 2016

Pipeline Rx
Attn: Pharmacist Manager
5600 N River Rd # 854
Rosemont, IL 60018-6705

Also sent via email: lstevens@pipelinerx.com

RE: Pipeline Rx, OSP 6500 and Case 2016-1152

Dear Pharmacist Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective August 31, 2016.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No cents ($1,150.00)

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-1152

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF PIPELINE RX, REGISTRATION NO. OSP 6500,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Pipeline Rx ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-1152, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about October 3, 2014, being issued registration number OSP 6500, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 5600 North River Road, #854, Rosemont, Illinois 60018-6705.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this case, 73 days transpired between October 1, 2015, the date the previous pharmacist manager ceased the position, and December 14, 2015, the date the application and fee were received.

6. On or about March 3, 2016, the Board initiated a complaint against Respondent Pharmacy because of the delay of 73 days in submitting an application detailing a change in pharmacist manager and fee.

7. Respondent Pharmacy's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-116. Prescription drug outlet under charge of pharmacist.

(1) (a) A prescription drug outlet must be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

(b) The registration of any prescription drug outlet becomes void if the pharmacist manager in whose name the prescription drug outlet registration was issued ceases to be engaged as the manager. The owner shall close the prescription drug outlet unless the owner: (I) Employs a new pharmacist manager; and (II) Within thirty days after termination of the former manager's employment: (A) Applies to transfer the registration to the new pharmacist manager; and (B) Pays the registration transfer fee.

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

Pharmacy Board Rules and Regulations

5.00.70. Change in Pharmacist Manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the

registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (OSP 6500) and the case number (2016-1152) on the check.

9. **Compliance.** Respondent Pharmacy shall submit all future applications and appropriate fees to the Board detailing changes in pharmacist manager within the required time frame specified by Board rule or statute in effect at the time of such pharmacist manager change.

10. **Other Requirements.** Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Pharmacy to the sanctions imposed herein.

12. **Acknowledgments**. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations**. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Pharmacy's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent Pharmacy's registration will be restored to active and unencumbered status.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Michael Farrow Dated: 8/22/16

Authorized Representative / Title
MICHAEL FARROW, CFO

Subscribed and sworn to before me in the County of _____,
State of _____, this ____ day of _____, 2016,
by Michael Farrow, authorized representative
of Pipeline Rx. MICHAEL FARROW/CFO

My commission expires: See Attached Acknowledgment

_____
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31st day of August, 2016.

State Board of Pharmacy

BY: _____
Andrea Faley
Program Director

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 22 day of August, 2016, by Michael Farrow

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal) Signature

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 31 day of August 2016, addressed as follows:

Pipeline Rx
Attn: Pharmacist Manager
5600 N. River Road, #854
Rosemont, IL 60018-6705
Email: lstevens@pipelinerx.com

Agent of the Board

E-Filed

Colorado Secretary of State
Date and Time: 05/19/2020 01:20 PM
ID Number: 20201434694

Document number: 20201434694
Amount Paid: $20.00

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Trade Name of a Reporting Entity

filed pursuant to §7-71-103 and §7-71-107 of the Colorado Revised Statutes (C.R.S)

1. For the reporting entity delivering this statement, its ID number, true name, form of entity and the jurisdiction under the law of which it is formed are

ID Number	20131151587 *(Colorado Secretary of State ID number)*
True name	Pipeline Health Holdings LLC
Form of entity	Foreign Limited Liability Company
Jurisdiction	Delaware

2. The trade name under which such entity transacts business or conducts activities or contemplates transacting business or conducting activities in this state is

PipelineRx

3. A brief description of the kind of business transacted or activities conducted or contemplated to be transacted or conducted in this state under such trade name is

Telepharmacy

4. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*
☐ This document contains additional information as provided by law.

5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:
Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Manson	Sarah		
(Last)	*(First)*	*(Middle)*	*(Suffix)*

100 Pine Street
(Street number and name or Post Office Box information)

Suite 1250	CA	94111
(City)	*(State)*	*(Postal/Zip Code)*
	United States .	
(Province – if applicable)	*(Country – if not US)*	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:
This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).



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FAQs, Glossary and Information

Summary

Details			
Trade name	PipelineRx		
Registrant name	Pipeline Health Holdings LLC		
Status	Effective	**Formation Date**	05/19/2020
ID number	20201434694	**Form**	Foreign Limited Liability Company
Renewal month	n/a	**Expiration Date**	n/a
Primary residence or usual place of business street address	n/a		
Primary residence or usual place of business mailing address	n/a		

Filing history and documents

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4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*	PH_____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PipelineRx

Physical Address: 5600 N. River Rd. Suite 854

City: Rosemont State: IL Zip: 60018

Mailing Address (if different from physical address): n/a

City: _____ State: _____ Zip: _____

Telephone: 847-696-9101 ext 1001 Toll Free # (NAC 639.708, NRS 639.23286): 877-696-9101

Fax: 847-696-1349 Contact Email: Lstevens@pipelinerx.com

Website: www.pipelinerx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Nabiha Mahmood

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19789

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☑ Other: description of service attach

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☑ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☑ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: See attached list	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): n/A

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Pipeline Health Holdings LLC

Mailing Address: 88 Kearny ST. #2103

City: San Francisco State: CA Zip: 94108

Telephone: 847-696-9101 Email: Lstevens@pipelinerx.com

Contact Person Name: Linda Stevens

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: n/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: n/a

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

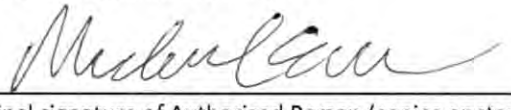
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the COO (title) for Pipeline Health Holdings LLC (dba) Pipelinerx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Myers

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/1/22

Date

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
NABIHA MAHMOOD

Date: 01/07/2022
Amount: $ 315.00
License #: 19789

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

NABIHA MAHMOOD

License #
19789
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 19789

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

NABIHA MAHMOOD

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Myers hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the COO (title) for Pipeline Health Holdings LLC (dba)PipelineRx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of March, 2022

Notary Public

Official Seal
Linda M Stevens
Notary Public State of Illinois
My Commission Expires 9/23/2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: PipelineRX

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Myers, COO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/1/22

Date

Board Use Only	Date Received: 2/28/22	Amount: $ 27585.36 7593

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pipeline Rx

Physical Address 88 Kearny St. # 2103

City San Francisco State CA Zip 94108

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-696-9101 Website www.pipelinerx.com

Licensing Company Email _____

Section 2: Personal Information

First Nabiha Middle _____ Last Mahmood

Alias(es, nicknames, name changes, etc.) Nabiha Abdul Wajid Khan

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] E. 20th St.

City Lombard State IL Zip 60148

Telephone [redacted] Email [redacted]@pipelinerx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials NM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University Chicago College of Pharmacy		08/11 - 05/15	
Address	City	State	Zip
555 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
Benedictine University		12/08 - 05/10	
Address	City	State	Zip
5700 College Road	Lisle	IL	60532
Diploma/Degree obtained, if any			
B.S. Health Sciences			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		08/07 - 12/08	
Address	City	State	Zip
1200 W. Harrison St.	Chicago	IL	60607
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Loyola University Chicago		08/06 - 08/07	
Address	City	State	Zip
1032 W. Sheridan Rd.	Chicago	IL	60660
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lane Technical College Preparatory High School		09/03 - 06/06	
Address	City	State	Zip
2501 W. Addison St.	Chicago	IL	60618
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - present	[redacted] E. 20th Street	Lombard, IL	IL	60148
08/21 - 12/21	[redacted] W. Armitage Ave	Villa Park	IL	60181
03/21 - 08/21	[redacted] E. Vermont St.	Villa Park	IL	60181
03/16 - 03/21	[redacted] Avenue Barbizon	Oak Brook	IL	60523
03/15 - 03/16	[redacted] Butterfield Rd #108	Oakbrook Terrace	IL	60181
07/12 - 03/15	[redacted] W. Armitage Ave	Villa Park	IL	60181
01/10 - 07/12	[redacted] E. Vermont St	Villa Park	IL	60181
07/08 - 01/10	[redacted] N. Kedvale	Chicago	IL	60641
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PipelineRx			02/18 - present
Business Address	**City**	**State**	**Zip**
88 Kearny St #2103	San Francisco	CA	94108
Phone	**Title**	**Number of Employed Hours**	
877-696-9101	Regional Manager - West Division	6000 + (8320)	
Description of Duties			
Perform telepharmacy service, oversee scheduling to service our clients, address all client needs, concerns, policy updates or changes, provide routine operational reports.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials NM

I, Nabiha Mahmood, **certify that as the designated representative for**

Pipeline Rx,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nabiha Mahmood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/22

Date

Applicant's initials NM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nabiha Mahmood
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/22
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Dupage

I, Nabiha Mahmood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/3/22
Date

Subscribed and Sworn to before me this 3Rd day of March, 2022

Notary Public Signature

Official Seal
Linda M Stevens
Notary Public State of Illinois
My Commission Expires 9/23/2025

NOTARY PUBLIC
Linda M Stevens
Expires
9.23.2025
STATE OF ILLINOIS

(Seal)

Applicant's initials NM

PipelineRx

Company Officers

Company Officer	Business Address and phone	Home Address and Phone	Title
Randy Hyun	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Pine St. Bellaire, TX 77401 BD [redacted]	President
Mike Myers	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Lincoln Ave Louisville, CO 80027 [redacted] BD [redacted]	COO
Stephen Andrews	88 Kearny St. Suite 2103 San Francisco, CA 94108	[redacted] Thackeray Wellesley, MA 02481 BD [redacted]	CFO

Company Ownership – All parties owning more than 10%

Pipeline Buyer, Inc
50 Kennedy Plaza
12th Floor
Providence, RI 02903

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPELINE HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPELINE HEALTH HOLDINGS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4725764 8300

SR# 20214257730

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205117667

Date: 12-29-21

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.021713
051.299033

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2022

LICENSED PHARMACY

REMOTE ORDER PROCESSING

PIPELINE HEALTH HOLDINGS LLC
DBA PIPELINERX
KEVIN L JONES
5600 N RIVER RD STE 854
ROSEMONT, IL 60018

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15335842

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4387956

File Number 0290050-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PIPELINE HEALTH HOLDINGS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 04, 2009, AND HAVING ADOPTED THE ASSUMED NAME OF PIPELINERX ON FEBRUARY 21, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* FEBRUARY *A.D.* 2022 .

Authentication #: 2205505680 verifiable until 02/24/2023
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
PIPELINE HEALTH HOLDINGS LLC	ROSEMONT, IL 60018	• DBA PIPELINERX

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054021713	LICENSED PHARMACY	ACTIVE	11/06/2020	03/01/2022	03/31/2024	N

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STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DRUG COMPLIANCE UNIT
9511 HARRISON STREET, SUITE LL 50
DES PLAINES, IL 60016-1563

PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

REMOTE PRESCRIPTION-MEDICATION ORDER PROCESSING

BUSINESS NAME	HOURS	DEA REGISTRATION NUMBER	EXPIRES	DATE OF INSPECTION
PIPELINE HEALTH HOLDINGS LLC DBA PIPELINERX	M, T, W, TH, F, SAT, SUN: Services hospital 24/7	N/A	N/A	11/6/2020
ADDRESS		**ICSA LICENSE NUMBER**	**EXPIRES**	**PHARMACY LICENSE NUMBER**
5600 N RIVER RD SUITE 854		N/A	3/31/20	**054.021713**
CITY / **ZIP CODE**	**OTHER HOURS EXCEP**	**TELEPHONE**		
Rosemont / 60018	There are specific hours for this pharmacy	(720) 352-0908 (Cell) (847) 696-9101/ PIC (720) 477-4146 (Office)		

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	PHARMACY E-MAIL ADDRESS
☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☒ LLC	all RPhs are working from home	(847)696-9101	
	PERSON IN CHARGE KEVIN L JONES	**OWNER'S E-MAIL ADDRESS**	**COUNTY** Cook

NAME OF LICENSEE R Ph IN CHARGE	LICENSE NUMBER
KEVIN L JONES	051.299033
See Attached List of Employees	

If the Pharmacist in charge listed above is the PIC in other pharmacies, list here

	NAME	ADDRESS	PHONE NUMBER
1.	N/A		
2.			

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QUESTION	YES	NO	N/A	AUTHORITY
GENERAL				
The pharmacy's license is current and posted.	✓			225 ILCS 85/15
All required current licenses are posted in a conspicuous location in the pharmacy (pocket license or photocopy may be used when registrants are employed at multiple sites).	✓	✓ Also provided to IL on excel sheet		225 ILCS 85/15(5)
Pharmacy is compliant with Section 1330.560 of the Illinois Pharmacy Practice Act Rules, Remote Prescription/Medication Order Processing.	✓			68 Administrative Code Section 1330.560
The PIC has personally reviewed the licenses of all registrants and determined that they are current.	✓	(Are reviewed on monthly basis)		68 Administrative Code Section 1330.660
All pharmacy technicians and certified pharmacy technicians have completed the required training set forth in the Act and Rules.	No techs work for this Pharmacy		✓	68 Administrative Code Section 1330.210
Meet all the requirements when there is a change in Pharmacist-in-Charge including but not limited to proper notification to the Department.	No PIC change since 2015		✓	68 Administrative Code Section 1330.660
The facility must have a sign clearly identifying it as a Remote Prescription/Medication Order Processing site.	✓			68 Administrative Code Section 1330.510
Every licensed pharmacy shall conduct an annual self-inspection using forms provided by the Division. The annual self-inspection shall be conducted during the same month, annually, as determined by the pharmacy.	✓			68 Administrative Code Section 1330.800

SECURITY AND SANITATION	YES	NO	N/A	AUTHORITY
Security provisions are provided during the absence of a pharmacist.	✓			68 Administrative Code Section 1330.600 and 225 ILCS 85/15(1)(b)
Facility is clean and sanitary.	✓			68 Administrative Code Section 1330.630
Facility area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	✓			68 Administrative Code Section 1330.610(e)
The facility area and all store rooms shall be well-lighted and properly ventilated.	✓			68 Administrative Code Section 1330.610(c)

REMOTE ORDER PROCESSING REQUIREMTENTS	YES	NO	N/A	AUTHORITY
Any pharmacy may provide remote prescription/medication order processing services to any other pharmacy as provided in Section 25.10 of the Act and the following further requirements: 1) Any nonresident pharmacy remote prescription/medication order processing services shall first be registered in its resident state and registered in this State. 2) There shall be a secure, HIPAA compliant, electronic communication system that shall include but not be limited to computer, telephone	✓		✓ Licensed in IL	68 Administrative Code Section 1330.560(a)

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and facsimile connections. 3) The communication system shall give remote access to all relevant patient information to allow the pharmacist of the remote pharmacy to perform remote medication order processing that shall include all laboratory results and every patient's or resident's medication profile, if appropriate. 4) The secure electronic communication system shall be maintained on a daily basis. If this system malfunctions, the remote processing pharmacy shall cease operations related to the institution affected. 5) Nothing in this Section shall relieve the pharmacist-in-charge of dispensing pharmacies of compliance with Sections 1330.520 and 1330.530.	✓ ✓ ✓			
Policy and Procedure Manual: A policy and procedure manual shall be maintained by the remote prescription/medication order processing pharmacy pertaining to the pharmacy's operations. The manual shall: A. Be accessible to the remote prescription/medication order processing pharmacy staff and the staff at the dispensing pharmacy; B. Be available for inspection by the Division; C. Outline the responsibilities of the remote prescription/medication order processing pharmacy staff and the staff at the dispensing pharmacy; D. Include a current list of the name, address, telephone number and license number of each pharmacist involved in remote prescription/medication order processing; E. Include policies and procedures for: i. Protecting the confidentiality and integrity of patient information; ii. Ensuring that pharmacists performing remote prescription /medication order processing have access to appropriate drug information resources; iii. Ensuring that medical and nursing staff when appropriate, understand how to contact a pharmacist; iv. Maintaining records to identify the name, initials or identification code of each pharmacist who performs any processing function; v. Complying with federal and State laws	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓			68 Administrative Code Section 1330.560(b)(1) → Pipeline's Shared Drive. THCC → Telepharmacy Operations (PAH workflow) → HIPAA Compliance → Professional Reference and Resources. → Communication with nurses/Providers → Recordkeeping and Reports. → Recordkeeping and Reports.

and regulations; vi. Operating or participating in a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems; vii. Reviewing the written policies and procedures and documenting the review annually.	✓ ✓			Scope of Practice and Quality and variance investigating & reporting Recordkeeping and Reports.
Every pharmacist providing remote prescription/medication order processing services shall record on the order, in the computer system, or on another appropriate, unalterable, uniformly maintained and readily retrievable record the following information for every medication order or prescription processed on behalf of a dispensing pharmacy: A. The name, initials or other unique identifier of the pharmacist who verifies the medication order or prescription; B. The name of the patient or resident; C. The name, dose, dosage form, route of administration and dosing frequency of the drug; D. The date and time of verification; E. The name of the prescribing/ordering practitioner; F. Any other information that is required by the dispensing pharmacy being served for use in its own records.	✓ ✓ ✓ ✓ ✓			68 Administrative Code Section 1330.560(b)(2)
The records for medications entered at the remote prescription/medication order processing pharmacy must be distinguishable and readily retrievable from those entered at the institution being served.	✓			68 Administrative Code Section 1330.560(b)(3)
The pharmacist-in-charge of the remote prescription/medication order processing pharmacy shall maintain and have access to the following records for a minimum of 5 years: (indefinitely) A. Records of medication orders processed; B. Records of the electronic communication system maintenance.	✓ ✓			68 Administrative Code Section 1330.560(b)(4)
The remote prescription/medication order processing pharmacy shall maintain a record containing the names and license numbers of all pharmacies to which they are providing services and the number of hours per day the services are being provided.	✓			68 Administrative Code Section 1330.560(b)(5) (List provided to RP)
All pharmacists/technicians providing remote prescription/medication order processing at a remote pharmacy shall be licensed in Illinois. However, when pharmacists are providing remote prescription/medication	✓			68 Administrative Code Section 1330.560(c) (See Narrative)

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order processing for a community pharmacy licensed in Illinois from a community pharmacy licensed in Illinois but located out-of-state, only the pharmacist-in-charge of the remote pharmacy must be licensed in Illinois.	✓			
Only licensed pharmacists at the pharmacy providing remote pharmacy services shall conduct the drug utilization evaluation or review and validation of any order processed within the remote pharmacy, except as provided for in subsection (c).	✓			68 Administrative Code Section 1330.560(d)

NARRATIVE

This is a Remote Prescription/Medication Order Processing Pharmacy Inspection by DCIs Aarti Parikh and Charlie Bocian on 11/6/2020. Present for the Inspection is PIC Kevin Jones. PipelineRx employs approximately 140 pharmacists that enter and review medication orders from hospitals remotely from their home office. This pharmacy currently has non-resident licensing in 20 states. The pharmacy currently services a total of 190 hospitals.

- Last Inspected 7/16/19
- R/I has been provided with the following lists:
  - List of Illinois Pharmacists and their license numbers.
  - List of Pharmacists and their license numbers for the states they are licensed in.
  - List of Pipeline Rx State Licenses.
  - List of facilities (hospitals) PipelineRx is currently servicing and their service hours.
- PipelineRx's pharmacists that service and work from Illinois need Illinois pharmacist licensure. Further, if their pharmacists are not working Illinois clients (hospitals) they do not need an Illinois License as long as they are working outside of Illinois. (See 1/12/16 inspection – clarification received by general counsel).
- When servicing hospitals in states where PipelineRx has non-resident licensure, they must in addition comply with those State's Rules and Regulations.
- Each hospital they service is provided with a specific phone number for them to call to reach the pharmacists. PipelineRx has a separate phone number they provide for each hospital they service.
- PipelineRx does not have specific hours of operation for the pharmacy (Suite 854) since their pharmacists work from their home office. They service hospitals up to 24 hours per day.
- R/I viewed demo of full process for pharmacist verifying medication orders remotely. Pharmacist's need to access PipelineRx's software (Power Grid Rx) and the hospital's server. Pharmacists login to both softwares/servers. Only pharmacists have access to patient's information and profile. PipelineRx's software allows access to certain information based on the individual's position (For example: Human Resources would not be able to access HIPAA/patient's information.) The hospital will provide access code to the pharmacist serving their hospital to access their system. Pharmacist has access to patient's profile/chart/labs. Once the pharmacist's reviews the prescription, then the nurse for example can obtain access to medication through Pyxis/Omnicell.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		DEPR DIRECTOR OF DRUG COMPLIANCE REVIEW AND DATE	
[signature] #852	11/6/2020	Kevin Jones	11/6/20		

[signature] 11/6/2020

NARRATIVE

- All Medication Orders are received electronically (Image or CPOE)
- All Records are kept indefinitely. Records are backed up continuously via cloud-technology through Amazon Web Services (AWS).
- To ensure that pharmacists are working in a HIPAA compliant home office, they need to have a designated space that closes with phone/internet access. PipelineRx will minimally audit the pharmacist annually through their computer's webcam to make sure the pharmacist is working in a HIPAA compliant space.
- If their computer system/server is down, PipelineRx has downtime procedures to ensure that hospitals can continue to send their orders in an alternative manner.
- PipelineRx's system monitors which pharmacists reviewed which order.
- References: Lexi-Comp Online, Pediatric Injectable Drugs Online (Teddy Bear Book), AHFS Online, Pharmacist's (Hospital) letter, Global RPh, and facility-specific references.
- Non-Resident License/Permits are posted. All pharmacist's licenses are kept ~~within an organized binder~~ in an electronic format of scanned images. Licenses are verified on an ~~annual~~ monthly basis to ensure they are current and upon hiring.
- Security: There is a security guard 24/7 at the front entrance. Suite 800 has a receptionist during business hours. During non-business hours, access is limited by key card access. Key access to enter Suite 854. Keys only with PipelineRx employees.
- Self-Inspection report last completed on 1/29/2020.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		DFPR DIRECTOR OF DRUG COMPLIANCE REVIEW AND DATE	
[signature] #852	11/6/2020	Kevin Jones	11/6/20		

[signature] 11/6/2020

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

August 31, 2016

Pipeline Rx
Attn: Pharmacist Manager
5600 N River Rd # 854
Rosemont, IL 60018-6705

Also sent via email: lstevens@pipelinerx.com

RE: Pipeline Rx, OSP 6500 and Case 2016-1152

Dear Pharmacist Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective August 31, 2016.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No cents ($1,150.00)

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-1152

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF PIPELINE RX, REGISTRATION NO. OSP 6500,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Pipeline Rx ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-1152, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about October 3, 2014, being issued registration number OSP 6500, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 5600 North River Road, #854, Rosemont, Illinois 60018-6705.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this case, 73 days transpired between October 1, 2015, the date the previous pharmacist manager ceased the position, and December 14, 2015, the date the application and fee were received.

6. On or about March 3, 2016, the Board initiated a complaint against Respondent Pharmacy because of the delay of 73 days in submitting an application detailing a change in pharmacist manager and fee.

7. Respondent Pharmacy's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-116. Prescription drug outlet under charge of pharmacist.

(1) (a) A prescription drug outlet must be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

(b) The registration of any prescription drug outlet becomes void if the pharmacist manager in whose name the prescription drug outlet registration was issued ceases to be engaged as the manager. The owner shall close the prescription drug outlet unless the owner: (I) Employs a new pharmacist manager; and (II) Within thirty days after termination of the former manager's employment: (A) Applies to transfer the registration to the new pharmacist manager; and (B) Pays the registration transfer fee.

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

Pharmacy Board Rules and Regulations

5.00.70. Change in Pharmacist Manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the

registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

TERMS OF DISCIPLINE

8. **Fine with Surcharge**. Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (OSP 6500) and the case number (2016-1152) on the check.

9. **Compliance**. Respondent Pharmacy shall submit all future applications and appropriate fees to the Board detailing changes in pharmacist manager within the required time frame specified by Board rule or statute in effect at the time of such pharmacist manager change.

10. **Other Requirements**. Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and eny other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers**. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Pharmacy to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Pharmacy's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent Pharmacy's registration will be restored to active and unencumbered status.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 8/22/16

Authorized Representative / Title
MICHAEL FARROW, CFO

Subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 2016, by _____, authorized representative of Pipeline Rx. MICHAEL FARROW/CFO

My commission expires: See Attached Acknowledgment

_____
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31st day of August, 2016.

State Board of Pharmacy

BY: _____
Andrea Faley
Program Director

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 22 day of August, 2016, by Michael Farrow

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

DAVID TSUNG
COMM. # 2080182
NOTARY PUBLIC - CALIFORNIA
SAN FRANCISCO COUNTY
COMM. EXPIRES SEPT. 27, 2018

(Seal) Signature

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 31 day of August 2016, addressed as follows:

Pipeline Rx
Attn: Pharmacist Manager
5600 N. River Road, #854
Rosemont, IL 60018-6705
Email: lstevens@pipelinerx.com

Agent of the Board

Attachment A
PipelineRx Description of Service

PipelineRx provides Remote medication order and prescription entry and verification services to hospitals, health systems and pharmacies. In addition, we provide the following outpatient services in a hospital setting, MTM services, consulting services, and Transitions of Care. PipelineRx does not purchase, dispense, distribute, store drugs of any kind. We only provide the services listed above with no dispensing. PipelineRx provides services to hospitals on a national basis. PipelineRx holds pharmacy resident licenses in the states of Illinois, Nevada, and Colorado. In addition, we have nonresident licenses in 45 states.

Where state regulations allow, PipelineRx pharmacists work from residence-based, HIPAA-compliant, fully secure, closed-door offices, as permitted by each State Board of Pharmacy. Our pharmacists hold state pharmacy licenses to deliver services to patients located in the states. PipelineRx also provides service from our licensed pharmacies where states require this and follow those licensing requirements.

Our PipelineRx servers are secured in an Enterprise-level collocation facility in Santa Rosa, California with a disaster recovery hot-site in Chicago, Illinois. All equipment is owned by PipelineRx. Our servers run in a virtualized environment to ensure reliability and robustness. Our pharmacists are equipped with Pipeline-owned laptops, monitors and VOIP phones. All calls are routed through our virtual PBX to our distributed network of highly skilled professionals working in HIPPAA-compliant secure locations. All communication with PipelineRx, including the receipt of CPOE, faxed or scanned orders are done over secure and encrypted communications channels.

Our pharmacists work in a paperless environment; at no point are the medication orders or any other documents printed, nor does any PHI reside on the Pipeline pharmacists staff computers. All our activities are done in accordance with all Federal, State, and local laws including, but not limited to HIPAA and ARRA/HITECH.

Specifically, upon receiving an order or prescription, the remote pharmacist reviews the order against the patient's clinical data to check for appropriateness, including dosage levels and possible drug-drug interactions, remotely enters the order into the facility's pharmacy information system (i.e. Meditech, HBOC, Cerner, CPIS), and authorizes the administration or dispensing of the ordered medication to the patient. In addition, the remote pharmacist is available (if needed by the hospital), by phone or audio-visual connectivity, to consult directly with on-site staff (nursing or medical). Also include standard and customizable reports providing the hospitals with detailed information and statistics regarding all services provided.

All pharmacist providing service to our clients are in compliance with all Boards of Pharmacy rules and regulations. PipelineRx understands and complies with all the Board of Pharmacy Rules and Regulations.

Please let me know if you need any additional information.

March 3, 2022

To: Nevada Board of Pharmacy
From: Pipeline Health Holdings, LLC (dba) PipelineRx

RE: Non-Resident application Explanation of closed licenses

PipelineRx closed the following licenses issued on our Illinois location.
Montana License #PHA-MOP-LIC 71129
New York License #036021
Colorado License #OSP.0006500
Texas License #30720

At the time we closed these permits we were considering closing our Illinois pharmacy location. We opened a resident Pharmacy in Colorado and opened the above-mentioned licenses as non-resident pharmacy out of the Colorado pharmacy. Operationally we choose not to close our Illinois location and discontinued moving other licenses to our Colorado location.

If you have any questions, please let me know.

Thank you

Linda Stevens

Sr. VP Client Operations

Legal Name - Last Name	Legal Name - First Name	Certification Number	Expiration Date	CO location	Il Location
Anczak	Michael	19822	10/31/2023	x	
Andrus	Shawn	17848	10/31/2023		x
Arrington	Samantha	19774	10/31/2023	x	
Berhanu	Dagmawe	20582	10/31/2023		
Cardwell	Laura	18994	10/31/2023	x	
Clisham	Christine	18244	10/31/2023		x
Derbsa	Lidya	20637	10/31/2023		
Garcia	Everlyn	19656	10/31/2023		
Jones	Kevin	18972	10/31/2023	x	
Marszalek	Daniel	20533	10/31/2023		
Meyer	John	20199	10/31/2023		
O'Neal	Patricia	18979	10/31/2023	x	
Pinto	Emily	18984	10/31/2023	x	
Radosevich	Kristi	20065	10/31/2023	x	
Richards	Ericka	19007	10/31/2023		x
Sudbrink	Gary	19703	10/31/2023		
Suriyachottakul	Jiratchaya	20611	10/31/2023		
Treasure	Staci	18968	10/31/2023	x	
Tsonev	Veneta	18482	10/31/2023		x
Vander Leest	Jana	18985	10/31/2023	x	
Wells	Svetlana	20387	10/31/2023		
Woodbury	Marcie	18993	10/31/2023	x	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPELINE HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPELINE HEALTH HOLDINGS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

4725764 8300

AUTHENTICATION: 8102754

100727552

DATE: 07-08-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:39 AM 08/31/2009
FILED 11:39 AM 08/31/2009
SRV 090820868 - 4725764 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

This Certificate of Formation is filed pursuant to Section 18-201 of the Delaware Limited Liability Company Act (the "Act") to form a limited liability company under the Act.

1. ***Name.*** The name of the limited liability company is Pipeline Health Holdings LLC.

2. ***Registered Office; Registered Agent.*** The address of the registered office of the Company required to be maintained by Section 18-104 of the Act is:

Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

The name and the address of the registered agent for service of process required to be maintained by Section 18-104 of the Act are:

The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation in Dallas, Texas on August 31, 2009.

JEFFREY B. WILLIAMS
Authorized Person

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH02058	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharm Plus Acquisition, Inc. dba US Bioservices

Physical Address: 5100 E. Hunter Ave., Suite 101

City: Anaheim State: CA Zip: 92807

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 800-801-1140 Toll Free # (NAC 639.708, NRS 639.23286): 800-801-1140

Fax: 877-817-2965 Contact Email: tania.cabral@cvshealth.com

Website: www.usbioservices.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Nisha C. Parekh

Supervising/Managing Pharmacist NV Pharmacist Registration #: 54091

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☒ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Valerie Do	NV Pharmacist Registration #: 21811
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): APS Enterprises Holding Company Inc.

Corporation/Organization Name: Pharm Plus Acquisition, Inc. dba US Bioservices

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: tania.cabral@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

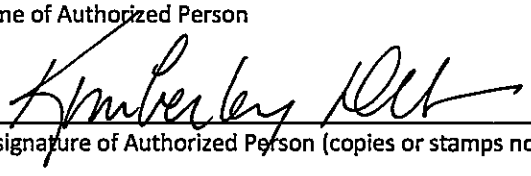
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary (title) for Pharm Plus Acquisition, Inc. dba US Bioservices (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3-8-22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kimberley DeSousa hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Assistant Secretary (title) for Pharm Plus Aquistions dba US Bioservices (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Kimberley DeSousa

Signature

Tania Cabral Notary Public State of Rhode Island

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of March, 2022

Tania Cabral Notary Public
State of Rhode Island
Comm expires 05/21/2022

Notary Public

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History—REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.S40

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Kimberley DeSousa

Original signature of Authorized Person (copies or stamps not accepted)

3-8-22

Date

Board Use Only	Date Received: _____	Amount: CK# 30170832

Entity Name	Pharm Plus Acquisition, Inc.

Management Name	Title	Address	Phone
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500
Clark, Jeffrey E.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARM PLUS ACQUISITION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3435016 8300

SR# 20220685227

Authentication: 202752698

Date: 02-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 46321

ISSUE DATE APRIL 21, 2003

US BIOSERVICES

5100 E HUNTER AVENUE SUITE 101
ANAHEIM CA 92807

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
NISHA CHIRAG PAREKH — PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 46321
RECEIPT NO. 00171739

VALID UNTIL APRIL 01, 2022

US BIOSERVICES
5100 E HUNTER AVENUE SUITE 101
ANAHEIM CA 92807

03/10/21
03/10/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 46321

NAME: US BIOSERVICES

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

5100 E HUNTER AVENUE SUITE 101
ANAHEIM CA 92807
ORANGE COUNTY

ISSUANCE DATE

APRIL 21, 2003

EXPIRATION DATE

APRIL 1, 2022

CURRENT DATE / TIME

MARCH 8, 2022
12:46:06 PM

LICENSE RELATIONSHIPS

NAME: PAREKH, NISHA CHIRAG

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 54091 **PRIMARY STATUS:** CLEAR

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8492895	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-07-2021

US BIOSERVICES
PHARM PLUS ACQUISITION, INC.
5100 E HUNTER AVE
SUITE 101
ANAHEIM, CA 928072049

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8492895	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-07-2021

US BIOSERVICES
PHARM PLUS ACQUISITION, INC.
5100 E HUNTER AVE
SUITE 101
ANAHEIM, CA 928072049

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/30/2015 Inspector: Joshua Lee

Firm: US BIOSERVICES Phone: ___

Address: 5100 E HUNTER AVE STE 101 City: ANAHEIM Zip: 92807

Ownership: CORPORATION

Permit #: LSC99487 PHY46321 Permit Exp: 4/1/2015 DEA#: BU8492895 DEA Exp: 5/31/2015

Date of Self Assessment Form: 3/7/2013 Other Permit #: N/A Date of DEA Inventory: 6/11/2013

Hours M-F: 8AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC NISHA C PAREKH RPH54091 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
AMISH A PATEL	RPH52138	MARIA J KHAN	TCH50090
VALERIE K DO	RPH62814	MISI FERMIZ RN (COORDIN	MANAGER
		SERGIO A RUIZ	TCH51698

Reference

1 C	CCR 1751.4d	Facility Standards: Exterior surfaces such as floors, walls, benches, ceiling, stools to be disinfected weekly. Correction 1 ✓	
2 C	CCR 1735.3a2	Compounding records: Date drug was compounded required. Correction 3 ✓	
3 C	CCR 1735.2d4	Master formula: Quality reviews required at each step in preparation of the drug required Correction 2	

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

4 C	CCR 1751	Compounding Area requirements Correction 4	✓
5 C	CCR 1707.5a	Patient-Centered Labels for Prescription Drug Containers; Requirements Correction 5	
6 C	BPC 4113	Pharmacist in Charge: Notification to Board; Responsibilities Correction 6	✓

Mark I. Sedar

From: Cabral, Tania <Tania.Cabral@CVSHealth.com>
Sent: Friday, March 11, 2022 5:19 AM
To: Mark I. Sedar
Cc: Mitchell, Kimberly M.
Subject: RE: PH02058

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Mark,

Hope all is well.

I confirmed with the site the most recent inspection they have is from 2015.

Please let me know if any further information is needed.

Thank you for your time and help.

Tania Cabral | Licensing Coordinator CVS Pharmacy
p 401-770-8836 | f 401-652-9541
One CVS Drive, Mail Code 1160 Woonsocket, RI 02895

CVSHealth

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From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Thursday, March 10, 2022 5:53 PM
To: Cabral, Tania <Tania.Cabral@CVSHealth.com>
Subject: [EXTERNAL] PH02058

****** External Email - Use Caution ******

Hi Tania,

I received the updated application for PH02058 today. Can you confirm if the 2015 Inspection is the most recent?

Thank you,

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Inspector Remarks:

Renewal Sterile compounding Inspection: Closed door specialty pharmacy; orders are centralized/processed in Texas. Pharmacy is a subsidiary of AmerisourceBergen. Medications are mailed to patients in CA, TX, and NV. Here for LSC renewal inspection, assisted by Inspector Song.

Facility: ISO 5 glove box in sterile compounding area. Compounds about 1 product a month and compounds Carimune and Gammagard.

The following were reviewed:
Compounding p/p, biennial inventory, self assessments, training documentation, refrigerator temp logs, end product testing with ARL, permits posted, CDPH permit current, environmental sampling logs, invoices, previous BOP inspection report.

WLS: AmerisourceBergen, Astellas Pharma, Celgene, Auxilium Pharmaceuticals, Baxter
RD: Inmar

The following were discussed:

1. Discussed about the requirements of biennial inventory.
2. Discussed about signing up and reciving BOP emails.
3. Recommend all pharmacists to sign up with PDMP
4. For inquiries regarding your sterile compounding licensure, please use the following: phystatus@dca.ca.gov

To complete inspection, PIC to send Inspector Lee via e-mail or fax (Email joshua.lee@dca.ca.gov, Fax (858) 565-4205) the following within 14 days:

The following corrections were issued:

1. Weekly cleaning of the compoundnig area did not include ceiling. Send sample completed cleaning log as correction.
2. Master formula did not include quality review steps. Send sample compliant master formula as correction.
3. Compounding record did not accurately list the date the compound was made. Send sample compliant record as correction.
4. No sink with hot and cold running water in or adjacent to compounding area. Send correction(Floor plan and definition of adjacent)
5. Prescription labels were not patient centered in that the cluster was less than 50% of the label, the manufacture and directions were not part of the cluster elements as emphasized and the manufacture could not be printed on 12 point font or bigger upon request. Send compliant sample label with a generic drug as correction.
6. PIC Parekh was not listed as the PIC of the LSC permit per Board records, but was listed on the PHY permit. Change of PIC records were reviewed, which did not address the LSC permit. Complete change of PIC permit as required by the Board and send a copy of the complete application as a correction.

Licensee Remarks:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharm Plus Aquisitions, Inc. dba US Bioservices

Physical Address: 5100 E Hunter Ave #101

City: Anaheim State: CA Zip: 92807

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-801-1140 x8875 Website: usbioservices.com

Licensing Company Email: permitinfo@cvshealth.com

Type text here

Section 2: Personal Information

First: Nisha Middle: Chirag Last: Parekh

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] South Canyon Mist Lane

City: Anaheim State: C A Zip: 92808

Telephone: [redacted] Email: [redacted]@amerisourcebergen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National-Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: NP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of the Pacific			09/99 - 05/02	
Address		City	State	Zip
3601 Pacific Aven		Stockton	CA	95211
Diploma/Degree obtained, if any				
Doctorate of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Bakersfield College			09/96 - 06/99	
Address		City	State	Zip
1801 Panorama Drive		Bakersfield	CA	93305
Diploma/Degree obtained, if any				
none				
School Name			From - To (MM/YY – MM/YY)	
California State University Bakersfield			09/96 - 06/99	
Address		City	State	Zip
9001 Stockdale Highway		Bakesfield	CA	93311
Diploma/Degree obtained, if any				
None				
School Name			From - To (MM/YY – MM/YY)	
Bakersfield High School			09/97 - 06/99	
Address		City	State	Zip
1241 G Street,		Bakersfield	CA	93304
Diploma/Degree obtained, if any				
High School diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2015 - Current	[redacted] South Canyon Mist Lane	Anaheim	CA	92808
07/10- 07/2015	[redacted] S Laureltree Rd	Anaheim	CA	92808
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Pharm Plus Aquisition, Inc. dba US Bioservices			09/09- Current
Business Address	**City**	**State**	**Zip**
5100 E Hunter Ave #101	Anaheim	CA	92807
Phone	**Title**		**Number of Employed Hours**
1-800-801-1140	Pharmacist-in-charge		25,000 (approximate)

Description of Duties

Manage all the pharmacy operations including, picking, checking and shipping all medication.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials NP

I, Nisha Parekh, **certify that as the designated representative for**

Pharm Plus Aquisition, Inc. dba US Bioservices,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nisha Parekh

Print Name (First, Last)

Nisha Parekh.

Original Signature (electronic, copies or stamps not accepted)

2/27/22

Date

Applicant's initials NP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nisha Parekh
Print Name (First, Last)

Nisha Parekh.
Original Signature (electronic, copies or stamps not accepted)

2/24/22
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Nisha Parekh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nisha Parekh.
Original Signature

2/27/22
Date

Subscribed and Sworn to before me this 27th day of February, 2022

NPatel
Notary Public Signature

NRO1 NANDITA S. PATEL COMM. #2251752 Notary Public - California Orange County My Comm. Expires July 29, 2022 NRO1

(Seal)

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01911	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8; 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: US Bioservices Corporation dba US Bioservices

Physical Address: 5025 Plano Parkway, Ste. 100

City: Carrollton State: TX Zip: 75010

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 888-518-7246 Toll Free # (NAC 639.708, NRS 639.23286): 877-518-7246

Fax: 877-817-2965 Contact Email: Permitinfo@cvshealth.com

Website: www.bioservices.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Mischelle C. Smoot

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21444 Temp

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☒ Mail-Order Service
☒ Other: Specialty	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operations

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Joseph Choi	NV Pharmacist Registration #: 21437
Name: Samuel Varghese	NV Pharmacist Registration #: 21318
Name: Shibu John	NV Pharmacist Registration #: 21733
Name: Mischelle C Smoot	NV Pharmacist Registration #: 21444
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Caremark RX, L.L.C.

Corporation/Organization Name: US Bioservices

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: _____

Contact Person Name: Tania Cabral Tania.Cabral@cvshealth.com

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary (title) for US Bioservices (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kimberley DeSousa/Assistant Secretary
Print Name of Authorized Person

Kimberley DeSousa
Original signature of Authorized Person (copies or stamps not accepted)

3/1/22
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kimberley DeSousa hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Assistant Secretary (title) for US Bioservices (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of March, 2022

Notary Public

Tania Cabral Notary Public
State of Rhode Island
Comm expires 05/21/2022

Tania Cabral Notary Public State of Rhode Island

Section 11: Managing Pharmacist Acknowledgement; Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/1/22

Date

Board Use Only	Date Received: _____	Amount: $500 Check #30170831

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Mischelle C. Smoot

Date: 10/05/2021
Amount:
License #: 21444

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/05/2022

Mischelle C. Smoot

License #
21444
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/05/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21444

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mischelle C. Smoot

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Entity Name	US Bioservices Corporation

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Clark, Jeffrey E.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US BIOSERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3597629 8300

SR# 20220685231

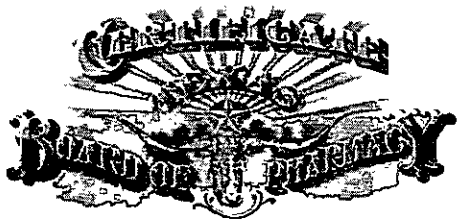
Authentication: 202752700

Date: 02-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

US BIOSERVICES
5025 PLANO PKWY STE 100
CARROLLTON TX 75010



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **22878** Expiration Date: **10/31/2023**

Balances: **1**

US BIOSERVICES
5025 PLANO PKWY STE 100
CARROLLTON TX 75010

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8597354	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-02-2021

US BIOSERVICES
US BIOSERVICE CORPORATION
5025 PLANO PARKWAY
STE 100
CARROLLTON, TX 75010

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8597354	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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US BIOSERVICES
US BIOSERVICE CORPORATION
5025 PLANO PARKWAY
STE 100
CARROLLTON, TX 75010

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *US BIOSERVICES*

License Number: *22878*

Address: *5025 PLANO PKWY STE 100, CARROLLTON, TX 75010*

Phone: *(888) 518-7246*

Email:

Class of License: *A*

License Expiration: *10/31/2021*

DEA #: *BU8597354*

DEA Expiration: *05/31/2024*

Inspection Information

Type: *Compliance*

Purpose: *Reverse Rank Change*

Date: *09/02/2021*

Arrival Time: *11:15 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Mischelle Smoot

MISCHELLE SMOOT, PIC, 31187

Witnesses

ADRIENNE M. BAUER

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *US BIOSERVICES* License Number: *22878*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Reverse Rank Change*
Date: *09/02/2021* Arrival Time: *11:15 AM* Departure Time: *1:30 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*

Comment

PIC has contacted TSBP Licensing Team to update roster on TSBP website.

01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/3/2021 C

US BIOSERVICES 22878

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

US BIOSERVICES 22878

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures

92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

MISCHELLE SMOOT, PIC, 31187

Adrienne M Bauer

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

MS I am the Pharmacist-in-Charge (PIC) of *US BIOSERVICES*, pharmacy license number *22878*, and I ☑ was/☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *09/02/2021*.

MS I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

MS I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

MS If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

MS I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Mischelle Smoot Date: *09/02/2021*

Printed Name: *MISCHELLE SMOOT* License No.(if applicable): *31187*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 22878

US BIOSERVICES

License Information

License Status Active
License # 22878
Expiration Date 10/31/2023
Date License Issued 10/22/2003

Address

5025 PLANO PKWY STE 100
CARROLLTON, TX 75010
County DENTON
Phone (888) 518-7246

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
SMOOT, MISCHELLE C

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
American Sign Language
AT&T translating services

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 280474 22878 USBIOSERVICES 2019-04 04-2024.pdf
- 280474 22878 USBIOSERVICES 2019-05 05-2024.pdf
- 280474 22878 USBIOSERVICES 2019-07 07-2024.pdf
- 280474 22878 V US BIOSERVICES 2021-09 09-2026.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	Yes
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No

Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	Yes

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AKASALA, SAJITHA	55949	11/06/2014	05/31/2022	Relief	Active
CASTRO, JEFF RUSSELL PINSON	66349	02/06/2020	02/29/2024	Relief	Active
CHOI, JOSEPH HAN	50598	08/26/2011	11/30/2022	Staff	Active
CUNNINGHAM, DIANNE K	42284	03/29/2004	04/30/2022	Staff	Active
JOHN, SHIBU	41443	03/27/2003	02/28/2023	Staff	Active
PHAM, LAUREN TUYET-PHUONG	40358	09/21/2001	02/29/2024	Staff	Active
SMOOT, MISCHELLE C.	31187	07/27/1989	05/31/2023	PIC	Active
VARGHESE, SAMUEL	41446	03/27/2003	05/31/2023	Staff	Active
WALKER, CORRY DOUGLAS	50480	08/12/2011	12/31/2022	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
DAFFERN, RAYMOND SCOTT	101923	03/31/2004	01/31/2024	Staff	Active
GLASCO, JOLINDA ANNE	123954	09/02/2004	07/31/2022	Staff	Active
GOODCHILD, KEENAN	177246	02/10/2010	06/30/2022	Staff	Active
HARDING, KEVIN	245049	07/03/2015	07/31/2023	Staff	Active
HARRIS, SARAH ELIZABETH	203807	12/12/2011	01/31/2024	Staff	Active
KIRKPATRICK, REBECCA LYNN	237196	11/18/2014	11/30/2022	Staff	Active
REINSCH, RACHEL ELISE	191988	11/24/2010	09/30/2022	Staff	Active
REYNA, JOSE JESUS	183081	08/27/2010	11/30/2022	Staff	Active

Page 1 of 1 20 View 1 - 8 of 8

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
US BIOSERVICES CORPORATION	OWNER	1300 MORRIS DRIVE,	CHESTERBROOK	PA	19087
CHOU, JOHN G	OFFICER	,			
COLLIS, STEVEN H.	OFFICER	,			
QUINN, JOHN	OFFICER	,			
WARD, ANGELA	OFFICER	,			
CLEARY, JAMES JR	OFFICER	,			

Page 1 of 1 20 View 1 - 6 of 6

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: US Bioservices

Physical Address: 5025 Plano Parkway, STE 100

City: Carrollton State: TX Zip: 75010

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-518-7246 Website: www.usbioservices.com

Licensing Company Email: permitinfo@cvshealth.com

Section 2: Personal Information

First: Mischelle Middle: C Last: Smoot

Alias(es, nicknames, name changes, etc.): Mischelle Creel

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Bryn Mawr Drive

City: Dallas State: TX Zip: 75010

Telephone: [redacted] Email: [redacted]@amerisourcebergen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials: MC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas College of Pharmacy		8/86 - 5/89	
Address	**City**	**State**	**Zip**
2409 University Ave.	Austin	TX	78712
Diploma/Degree obtained, if any			
BS Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Texas A&M University		8/78 - 5/81	
Address	**City**	**State**	**Zip**
200 Seawolf Parkway	Galveston	TX	77554
Diploma/Degree obtained, if any			
BS Marine Biology			
School Name		**From - To (MM/YY – MM/YY)**	
University of Texas		1/77 - 5/78	
Address	**City**	**State**	**Zip**
701 South Nedderman Drive, STE B13	Arlington	TX	76019
Diploma/Degree obtained, if any			
Studies in Biology			
School Name		**From - To (MM/YY – MM/YY)**	
University of North Texas		8/76 -12/76	
Address	**City**	**State**	**Zip**
1147 Union Circle	Denton	TX	76203
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY**	
Arlington High School		8/73 - 5/76	
Address	**City**	**State**	**Zip**
818 W. Park Row Drive	Arlington	TX	76013
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
June 2003 - current	[redacted] Bryn Mawr Drive	Dallas	TX	75225
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
US Biosevices			06/2006 - current
Business Address	**City**	**State**	**Zip**
5025 Plano Parkway Drive	Carrollton	TX	75010
Phone	**Title**		**Number of Employed Hours**
888-518-7246	Senior Director Pharmacy Services		32,480
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Michelle C. Smart

Original Signature (electronic, copies or stamps not accepted)

2/22/22

Date

Applicant's initials MS

I, Mischelle C Smoot, certify that as the designated representative for

_____,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mischelle C Smoot

Print Name (First, Last)

Mischelle C. Smoot

Original Signature (electronic, copies or stamps not accepted)

2/22/22

Date

Applicant's initials MS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mischelle C Smoot

Print Name (First, Last)

Mischelle C. Smoot — 2/25/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Mischelle Smoot, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mischelle C. Smoot — 2/25/22

Original Signature — **Date**

Subscribed and Sworn to before me this 25th day of February

Wendy A. Schneider

Notary Public Signature

WENDY A. SCHNEIDER
My Notary ID # 131039632
Expires March 10, 2025

(Seal)

Applicant's initials MS

Power of Attorney for DEA Order Forms

US Bioservices Corp. (Name of registrant)

16750 Westgrove Dr #100 Addison, TX 75001 (Address of registrant)

BU 8597354 (DEA registration number)

I, Sandra K. Howell (name of person granting power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint

Mischelle Smoot (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

Sandra Howell
(Signature of person granting power)

I, Mischelle Smoot (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

Mischelle Smoot
(Signature of attorney-in-fact)

Witnesses:
1. Ronald A. Read
2. Station Commander

Signed and dated on the 8th day of August, 2006 (year),

at US Bioservices

Notice of Revocation

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act.
Written notice of this revocation has been given to the attorney-in-fact

_____ this same day.

_____
(Signature of person revoking power)
Witnesses:
1. _____
2. _____

Signed and dated on the _____ day of _____, _____ (year),

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02618	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Abitacare LLC, DBA Vital Care Rx

Physical Address: 1501 23rd Ave, Suite B

City: Meridian State: MS Zip: 39301

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-229-1724 Toll Free # (NAC 639.708, NRS 639.23286): 877-229-1724

Fax: 877-229-1725 Contact Email: licensing@vitalcarerx.com

Website: vitalcarerx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bradley Gilchrist ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21247 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Bradley Gilchrist	NV Pharmacist Registration #: 21247
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Mississippi

Parent Company (if any): Vital Care Buyer, LLC

Corporation/Organization Name: Abitacare LLC, DBA Vital Care Rx

Mailing Address: 1501 23rd Ave, Suite B

City: Meridian State: MS Zip: 39301

Telephone: 877-229-1724 Email: licensing@vitalcarerx.com

Contact Person Name: Bradley Gilchrist

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Abitacare LLC, DBA Vital Care Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bradley Gilchrist

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/9/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bradley Gilchrist hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager (title) for Abitacare LLC, DBA Vital Care Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16 day of November, 2022

Notary Public

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 99492 CENA MOSS Commission Expires Aug. 4, 2023 LAUDERDALE COUNTY

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Bradley Gilchrist Pharmacist Registration #: 21247

Pharmacy Name: Abitacare LLC, DBA Vital Care Rx

Initial each statement below to indicate you have read and agree with the following:

BG — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BG — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BG — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BG — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BG — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

3/9/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Bell, Director

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/9/2022

Date

Board Use Only	Date Received: _____	Amount: 500	check # 700020701

SCHEDULE A
Officers

Title	Name
Edward Eiland, III	Chief Executive Officer
Michael Sicilian	Executive Chairman

Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

ABITACARE LLC

Registered the 2nd day of August, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1501 23rd Avenue , Suite B
Meridian, MS 39301

And that the registered agent at that address is:

Jonathan Charles Bell

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 10th day of February, 2022

Michael Watson

Certificate Number: CN22130875
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

MISSISSIPPI

Board of Pharmacy

Permit #
08206 / 1.1

Pharmacy

Community - Independent

Abitacare LLC
DBA Vital Care Rx

1501 23rd Avenue, Ste B
Meridian, MS 39301
Lauderdale

Permit Holder:
Sedjinon G. Doxey

This permit is not transferable or assignable.

Issued: 08/04/2009
Renewed: 11/12/2019
Expires: 12/31/2023

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Abitacare LLC DBA Vital Care Rx

Address: 1501 23rd Ave, Suite B

City: Meridian State: MS Zip: 39301

I hereby authorize the Mississippi Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
08206/1.1	Active	08/04/2009	12/31/2023

Has this license been encumbered in any way? ☐ Yes ☑ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
Merrill Lanier	Licensing Professional	MS	02/10/2022	

We do not dispense Controlled substances

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK1587091	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-08-2020

ABITACARE LLC
D/B/A VITAL CARE RX
1501 23RD AVE
SUITE B
MERIDIAN, MS 39301

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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D/B/A VITAL CARE RX
1501 23RD AVE
SUITE B
MERIDIAN, MS 39301

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Abitacare LLC, DBA Vital Care Rx

Physical Address: 1501 23rd Ave, Suite B

City: Meridian State: MS Zip: 39301

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 8772291724 Website: vitalcarerx.com

Licensing Company Email: licensing@vitalcarerx.com

Section 2: Personal Information

First: Bradley Middle: Last: Gilchrist

Alias(es, nicknames, name-changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 1501 23rd Ave, Suite B

City: Meridian State: MS Zip: 39301

Telephone: [redacted] Email: bgilchrist@vitalcarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University		08/96-05/01	
Address	**City**	**State**	**Zip**
182 South College Street	Auburn	AL	36849
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
John C Calhoun Community College		06/95-06/96	
Address	**City**	**State**	**Zip**
6250 Hwy 31 North	Tanner	AL	35671
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Albert P Brewer High School		08/91-05/95	
Address	**City**	**State**	**Zip**
59 Eva Road	Somerville	AL	35670
Diploma/Degree obtained, if any			
HS Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/06-present	[redacted]Earlwood Drive	Huntsville	AL	35803
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JG

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Abitacare LLC DBA Vital Care RX			5/14-present	
Business Address		**City**	**State**	**Zip**
1501 23rd Avenue Suite B		Meridian	MS	39301
Phone	**Title**		**Number of Employed Hours**	
601-696-8148	Pharmacist		40 per week	
Description of Duties				
Oversee all operations of two pharmacies in Meridian, MS and one in Shreveport, LA.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials TS6

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/7/22
Date

Applicant's initials BL

I, Bradley Gilchrist, **certify that as the designated representative for** Abithcare LLC DBA Vital Care OK,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Bradley Gilchrist
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/7/22
Date

Applicant's initials BG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bradley Gilchrist

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of Lauderdale

I, Bradley Gilchrist, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/8/2022

Date

Subscribed and Sworn to before me this 8th day of March.

Sandy Vick Murphy

Notary Public Signature

STATE OF MISSISSIPPI
SANDY VICK MURPHY
NOTARY PUBLIC
ID No. 120873
Commission Expires
July 16, 2025
LAUDERDALE COUNTY

Applicant's initials BG

SCHEDULE B
Member

Name of Member	Units
Vital Care Intermediate, LLC, a Delaware limited liability company	1,000

EXECUTION VERSION

AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT

OF

VITAL CARE BUYER, LLC

This AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT (the "Agreement") of Vital Care Buyer, LLC, a Delaware limited liability company (the "Company") is effective and dated as of the 19th day of October, 2020, by Vital Care Intermediate, LLC, a Delaware limited liability company, as the sole member of the Company (the "Member").

RECITALS

WHEREAS, the Company was formed as a limited liability company on September 24, 2020 by filing the Certificate of Formation for the Company (the "Certificate of Formation") with the Office of the Secretary of State of the State of Delaware pursuant to and in accordance with the provisions of the Delaware Limited Liability Company Act and any successor statute, as amended from time to time (the "Act"), governing the affairs of the Company and the conduct of its business.;

WHEREAS, the limited liability company agreement of the Company was entered into as of October 5 ,2020 (the "Original Agreement"); and

WHEREAS, the parties hereto desire to enter into this Agreement to amend and restate the Original Agreement in its entirety on the terms set forth herein.

NOW THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Member, intending to be legally bound, hereby agree as follows:

ARTICLE I
The Limited Liability Company

Section 1.1 Name. The name of the Company is **"Vital Care Buyer, LLC"** and its business shall be carried on in such name with such variations and changes as the Managing Member (as hereinafter defined) shall determine or deem necessary to comply with requirements of the jurisdictions in which the Company's operations are conducted.

Section 1.2 Business Purpose; Powers. The Company is formed for the purpose of engaging in any lawful business, purpose or activity for which limited liability companies may be formed under the Act. The Company shall possess and may exercise all the powers and privileges granted by the Act or by any other law or by this Agreement, together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion or attainment of the business purposes or activities of the Company.

Section 1.3 Registered Office and Agent. The location of the registered office of the Company in the State of Delaware is 1209 Orange Street in the City of Wilmington, County of New Castle. The Company's Registered Agent at such address is The Corporation Trust Company. The registered office and/or registered agent of the Company may be changed from time to time by the discretion of the Member.

Section 1.4 Term. Subject to the provisions of Article VI below, the Company shall have perpetual existence.

ARTICLE II
The Member

Section 2.1 The Member. The name and address of the Member is as follows:

Name	Address
Vital Care Intermediate, LLC	c/o Linden, LLC 150 N Riverside Plaza, Suite 5100 Chicago, Illinois 60606

Section 2.2 Actions by the Member. The Member may approve a matter or take any action at a meeting or without a meeting by the written consent of the Member.

Section 2.3 Liability of the Member. All debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and the Member shall not be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member.

Section 2.4 Power to Bind the Company. Subject to Section 3.1 below, the Member (acting in its capacity as such) shall have the authority to bind the Company to any third party with respect to any matter.

Section 2.5 Admission of Members. New members shall be admitted only upon the approval of the Member.

ARTICLE III
The Manager

Section 3.1 Management By A Member. The management, operation and policy of the Company shall be vested exclusively in the Member (the "Managing Member"). The Managing Member, acting through its duly authorized agents, is authorized and empowered on behalf and in the name of the Company to perform all acts and engage in all activities and transactions which it may in its sole discretion deem necessary or advisable in order to cause the Company to carry out its purpose and exercise the powers granted to the Company hereunder and under the Act. The Managing Member is an agent of the Company and the actions of the Managing Member in such capacity shall be binding on the Company without liability to the Managing Member. The Managing Member may approve a matter or take any action at a meeting or without a meeting by the written consent of the Managing Member.

Section 3.2 Officers and Related Persons. The Managing Member shall have the authority to appoint and terminate officers of the Company and retain and terminate employees, agents and consultants of the Company and to delegate such duties to any such officers, employees, agents and consultants as the Managing Member deems appropriate, including the power, acting individually or jointly, to represent and bind the Company in all matters, in accordance with the scope of their respective duties. As of the date hereof, the officers of the Company shall be the Persons serving in the capacities set forth on Schedule A.

ARTICLE IV
Capital Structure and Contributions

Section 4.1 Capital Structure. The capital structure of the Company shall consist of one class of common interests (the "Common Units"). All Common Units shall be identical with each other in every respect. The Member shall own all of the Common Units issued and outstanding, as set forth on Schedule B attached hereto.

Section 4.2 Capital Contributions. A capital account shall be maintained for the Member, to which contributions and profits shall be credited and against which distributions and losses shall be charged.

Section 4.3 Pledge of Membership Interests. Notwithstanding any provision to the contrary contained in this Agreement, the Certificate of Formation or any agreement to which the Company or the Managing Member is a party or otherwise bound, the membership interests (for purposes of this Section 4.3, "membership interests" shall be deemed to be inclusive of units and "limited liability company interests" under the Delaware Act) issued hereunder or covered hereby and all associated rights and powers may be pledged or assigned to any lender or lenders (or an agent therefor) as collateral for the indebtedness, liabilities and obligations of the Company and/or any of its subsidiaries or affiliates to such lender or lenders, and any such pledged or assigned membership interests and all associated rights and powers shall be subject to such lender's or lenders' rights under any collateral documentation governing or pertaining to such pledge or assignment. The pledge or assignment of such membership interests shall not, except as otherwise may result due to an exercise of rights and remedies under such collateral documentation, cause a Member to cease to be a Member or to have the power to exercise any rights or powers of a Member and, except as provided in such collateral documentation, such lender or lenders shall not have any liability solely as a result of such pledge or assignment. Without limiting the generality of the foregoing, the right of such lender or lenders (or an agent therefor) to enforce and exercise their rights and remedies under such collateral documentation hereby is acknowledged by all of the Members (including the Managing Member) and any such action taken in accordance therewith shall be valid and effective for all purposes under this Agreement and the Certificate of Formation (in each case, regardless of any restrictions or procedures otherwise herein or therein contained) and applicable law (including the Delaware Act), and any assignment, sale or other disposition of the membership interests by such lender or lenders (or an agent therefor) pursuant to any such collateral documentation in connection with the exercise of any such lender's or lenders' rights and powers shall be valid and effective for all purposes, including, without limitation, under Sections 18-702 and 18-704 of the Delaware Act, this Agreement, the Certificate of Formation and other applicable law, to transfer all right, title and interest (and rights and powers) of the applicable Member to itself or themselves, any other

lender or any other person or entity, including a nominee, an agent or a purchaser at a foreclosure (each an "Assignee") in accordance with such collateral documentation and applicable law (including, without limitation, the rights and powers to participate in the management of the business and the business affairs of the Company, to replace, appoint, direct and substitute the Managing Member (or any other manager of the Company), to vote as a "member", to amend and restate this Agreement, to access information and review the Company's books and records, to compel dissolution, to share profits and losses, to receive, cause and declare distributions, and to receive allocation of income, gain, loss, deduction, credit or similar items, and all other economic, control and "member status" rights) and such Assignee shall automatically and without further requirements be a Member with all rights and powers of a Member (and, if designated or elected, of the Managing Manager) and as a "member" under the Act. No such assignment, sale or other disposition shall constitute an event of dissolution or withdrawal under Article VI or any other provision hereunder or otherwise. Further, no lender or any such Assignee shall be liable for the obligations of any Member assignor to make contributions. Each of the Managing Manager and the Members approve all of the foregoing and the Managing Member and each of the Members agree that no further approval, consent, notice or other action shall be required for the exercise of any rights or remedies under such collateral documentation (except as may be expressly provided in such collateral documentation).

ARTICLE V
Profits, Losses and Distributions

Section 5.1 Profits and Losses. For financial accounting and tax purposes, the Company's net profits or net losses shall be determined on an annual basis in accordance with the manner determined by the Member. In each year, profits and losses shall be allocated entirely to the Member.

Section 5.2 Distributions. The Member shall determine profits available for distribution and the amount, if any, to be distributed to the Member, and shall authorize and distribute on the Common Units, the determined amount when, as and if declared by the Member. The distributions of the Company shall be distributed entirely to the Member.

ARTICLE VI
Events of Dissolution

The Company shall be dissolved and its affairs wound up upon the occurrence of any of the following events:

(a) The Managing Member votes for dissolution; or

(b) A judicial dissolution of the Company under Section 18-802 of the Act.

ARTICLE VII
Transfer of Common Units of the Company

The Member may sell, assign, transfer, convey, gift, exchange or otherwise dispose of any or all of its Common Units and, upon receipt by the Company of a written agreement executed by the person or entity to whom such Common Units are to be transferred

agreeing to be bound by the terms of this Agreement as amended from time to time, such person shall be admitted as a member.

ARTICLE VIII
Exculpation and Indemnification

Section 8.1 Exculpation. Notwithstanding any other provisions of this Agreement, whether express or implied, or any obligation or duty at law or in equity, none of the Member, Managing Member or any officers, directors, stockholders, partners, employees, affiliates, representatives or agents of any of the foregoing, nor any officer, employee, representative or agent of the Company (individually, a "Covered Person" and, collectively, the "Covered Persons") shall be liable to the Company or any other person for any act or omission (in relation to the Company, its property or the conduct of its business or affairs, this Agreement, any related document or any transaction or investment contemplated hereby or thereby) taken or omitted by a Covered Person in the reasonable belief that such act or omission is in or is not contrary to the best interests of the Company and is within the scope of authority granted to such Covered Person by the Agreement, provided such act or omission does not constitute fraud, willful misconduct, bad faith, or gross negligence.

Section 8.2 Indemnification. To the fullest extent permitted by law, the Company shall indemnify and hold harmless each Covered Person from and against any and all losses, claims, demands, liabilities, expenses, judgments, fines, settlements and other amounts arising from any and all claims, demands, actions, suits or proceedings, civil, criminal, administrative or investigative ("Claims"), in which the Covered Person may be involved, or threatened to be involved, as a party or otherwise, by reason of its management of the affairs of the Company or which relates to or arises out of the Company or its property, business or affairs. A Covered Person shall not be entitled to indemnification under this Section 8.2 with respect to (i) any Claim with respect to which such Covered Person has engaged in fraud, willful misconduct, bad faith or gross negligence or (ii) any Claim initiated by such Covered Person unless such Claim (or part thereof) (A) was brought to enforce such Covered Person's rights to indemnification hereunder or (B) was authorized or consented to by the Member. Expenses incurred by a Covered Person in defending any Claim shall be paid by the Company in advance of the final disposition of such Claim upon receipt by the Company of an undertaking by or on behalf of such Covered Person to repay such amount if it shall be ultimately determined that such Covered Person is not entitled to be indemnified by the Company as authorized by this Section 8.2.

Section 8.3 Amendments. Any repeal or modification of this Article VIII by the Member shall not adversely affect any rights of such Covered Person pursuant to this Article VIII, including the right to indemnification and to the advancement of expenses of a Covered Person existing at the time of such repeal or modification with respect to any acts or omissions occurring prior to such repeal or modification.

ARTICLE IX
Miscellaneous

Section 9.1 Tax Treatment. Unless otherwise determined by the Member, the Company shall be a disregarded entity for U.S. federal income tax purposes (as well as for any

analogous state or local tax purposes), and the Member and the Company shall timely make any and all necessary elections and filings for the Company treated as a disregarded entity for U.S. federal income tax purposes (as well as for any analogous state or local tax purposes).

Section 9.2 Amendments. Amendments to this Agreement and to the Certificate of Formation shall be approved in writing by the Member. An amendment shall become effective as of the date specified in the approval of the Member or if none is specified as of the date of such approval or as otherwise provided in the Act.

Section 9.3 Severability. If any provision of this Agreement is held to be invalid or unenforceable for any reason, such provision shall be ineffective to the extent of such invalidity or unenforceability; provided, however, that the remaining provisions will continue in full force without being impaired or invalidated in any way unless such invalid or unenforceable provision or clause shall be so significant as to materially affect the expectations of the Member regarding this Agreement. Otherwise, any invalid or unenforceable provision shall be replaced by the Member with a valid provision which most closely approximates the intent and economic effect of the invalid or unenforceable provision.

Section 9.4 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to the principles of conflicts of laws thereof.

Section 9.5 Limited Liability Company. The Member intends to form a limited liability company and does not intend to form a partnership under the laws of the State of Delaware or any other laws.

[Signature page follows]

IN WITNESS WHEREOF, the undersigned has duly executed this Limited Liability Company Agreement as of the day first above written.

MEMBER

VITAL CARE INTERMEDIATE, LLC, a Delaware limited liability company

By: _____

Name: Edward Eiland, III

Title: Chief Executive Officer

Vital Care Rx
Specialty Pharmacy

vitalcarerx.com

Enclosed is our change of ownership application.

Jonathan Bell current owner of Abitacare LLC, DBA Vital Care Rx is selling the business to Vital Care Buyer, LLC. The pharmacy will remain Abitacare LLC, DBA Vital Care Rx. Jonathan Bell will remain Director of Abitacare LLC but will have 0% ownership.

Please reach out to Amanda Williamson or Bradley Gilchrist if you have any questions. 877-229-1724 or licensing@vitalcarerx.com.

Thank you,
Amanda Williamson



1501 23rd Avenue Suite B
Meridian, MS 39301
Phone: 877-2291724
Fax: 877-229-1725
www.vitalcarerx.com

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02833	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 5013 South 110th Street

City: Omaha State: NE Zip: 68137

Mailing Address (if different from physical address): 5013 South 110th Street

City: Omaha State: NE Zip: 68137

Telephone: 866-356-6214 Toll Free # (NAC 639.708, NRS 639.23286): 866-356-6214

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Perina

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21233

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ■ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ■ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ■ Other: Veterinary

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

**Sat - On Call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Daniel Perina	NV Pharmacist Registration #: 21233
Name: Adam Kersten	NV Pharmacist Registration #: 21949
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: LLC formed in Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Philip Lombardi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility- MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Philip Lombardi

Print Name of Authorized Person

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

12-15-21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Philip Lombardi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Philip Lombardi

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of December, 2021

Notary Public

BRADEN SCOTT - NOTARY PUBLIC
STATE OF OHIO
COMM EXP: SEP 15, 2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi, VP Operations & Logistics

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi — 12-15-21

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500 — CHECK # 8711696 — ✓ Processed 1/19/22

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Please note, this facility has never been disciplined by any state or federal regulatory agency. However, the new owner, Covetrus North America, LLC, has been disciplined as described below. Given that, effective 1/7/2022, this facility will change to Covetrus North America, LLC, we are disclosing the actions below out of an abundance of caution.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.

• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.



Covetrus North America, LLC
400 Metro Place North
Dublin, OH 43017
FEIN/TaxID: 37-1507466

Officer List:

Name	Title
Victor Thomas Forte, IV	President & LLC Manager
Philip Mario Lombardi	VP Operations & Logistics & LLC Manager
Lee Wise	Treasurer & LLC Manager

Sole Member:

Name, Title	% Ownership
W.A. Butler Company	100%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Nebraska

Department of Health and Human Services
Division of Public Health

Community Pharmacy License

This is to certify that **Covetrus North America, LLC**
Is hereby issued License No. **3231** to operate a Pharmacy at:
5013 South 110th Omaha NE 68137,
Covetrus North America, LLC
Daniel John Perina, RP In Charge

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health, State of Nebraska, on **01/26/2022.**
Expiration Date: 07/01/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF
SEAL
NEBRASKA
EST. JULY 1, 2007

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 12/ 1/2021.

Name:	Vets First Choice, LLC dba Covetrus NE
Owner:	Direct Vet Marketing, Inc.
Address:	5013 S 110th St, Omaha, NE
Type:	Community Pharmacy License
Number:	3161
Status:	Active
Issued:	02/25/2019
Expiration:	07/01/2022

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

Please note, once the updated Nebraska permit has been received, we will forward an updated verification for your records.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: #3161 Exp. Date: 7/1/22

DEA registration Number: FC8242163 Exp. Date: 8/31/24

Owner's Name: Direct Vet Marketing, Inc.

Pharmacy Name: Vets First Choice, LLC d/b/a Covetrus NE

Pharmacy Street Address: 5013 S 110th Street

Pharmacy City, State, Zip Code Omaha, NE 68137

Pharmacy Telephone #: (866) 356-6214 Pharmacy Fax #: (866) 256-8435

Pharmacy E-mail: pharmacy1@vetsfirstchoice.com

Pharmacy Hours: M-F 8am to 6pm

List Pharmacy Personnel:

Name of Pharmacist-In-Charge: Daniel Perina RP License #12509

Staff Pharmacists & Interns Name & NE RPh. License # Or NE Intern Registration #	**Pharmacy Technicians Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
See attached list (pdf) #_____	See attached list (pdf) #_____	See attached list (pdf) #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
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_____ #_____	_____ #_____	_____ #_____ _____
_____	_____	_____

SOFTWARE: Custom Software RX'S PER DAY: ~12,000

Dean Willson, RP
(Pharmacy Inspector)

9/29/21
(Date of Inspection

Pharmacy Quality Assurance Report (Revised 6/3/21)
Pharmacy License#__3161__ Date of Inspection__9/29/2021__

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-005	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐
175 NAC 8-007.01 NRS 28-410 CFR 1301.71 CFR 1301.75 CFR 1301.76	2. Adequate security is maintained for the prescription inventory and prescription records.	☒	☐	☐
175 NAC 8-006.02	3. Drugs, devices and biologicals are stored under proper environmental conditions. Storage conditions shall be monitored daily.	☒	☐	☐
175 NAC 8-008.02 NRS 38-2866	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner; b. open for the practice of pharmacy only when a pharmacist is physically present.	☒ ☒	☐ ☐	☐ ☐
175 NAC 8-008.03	5. The pharmacy maintains access to appropriate reference material for the accurate, efficient, and safe practice of pharmacy.	☒	☐	☐
175 NAC 8-008.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☒	☐	☐
NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☒	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☒	☐	☐
NRS 38-2869 (2)(a)	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☒	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☒	☐	☐
NRS 28-414.02 CFR 1304, 1306,1311	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☒	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60 NRS 28-413	12. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent.	☐	☐	☒
NRS 28-411,28-413 CFR 1304.04, 1304.21, 1304.22(c)	13. The pharmacy maintains complete and accurate records of all controlled substances received, dispensed, administered, and/or distributed.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 6/3/21)
Pharmacy License# 3161 Date of Inspection 9/29/2021

Section Cited	Requirement	C	NC	NA
NRS 28-411 NRS 28-413 NRS 28-414.04 NRS 28-414.05 CFR 1304, 1305,1311,1317	14. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☒	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	15. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☒	☐	☐
NRS 38-28,107	16. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☒
NRS 71-2479 NRS 28-414.03	17. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☒
NRS 28-410 CFR 1304.11	18. All requirements pertaining to the inventory of controlled substances are met. Copy of annual inventory forwarded to Department within thirty days after completion. Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages. 8. **Exact count or measure** of all controlled substances	☒	☐	☐
	18a. **Date of Current Inventory: 1/7/21** (must be within 1 year of previous inventory	☒	☐	☐
NRS 28-410(4)	19. All controlled substances are properly stored.	☒	☐	☐
CFR 1306.05 NRS 28-414, 28-414.01 NRS 71-2478 NRS 38-2870	20. All prescriptions contain the required information prior to being filled.	☒	☐	☐
NRS 28-414 NRS 28-414.01 NRS 38-2870(1) CFR 1306.22	21. All refill requirements for prescriptions are in compliance.	☒	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	22. Partial fillings of controlled substances are recorded and dispensed appropriately.	☒	☐	☐
CFR 1306.05(f) NRS 38-179(13)	23. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 6/3/21)
Pharmacy License# 3161 Date of Inspection 9/29/2021

Section Cited	Requirement	C	NC	NA
CFR 1306.11 NRS 28-414	24. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☒
NRS 28-414.03 NRS 38-2867.01 NRS 71-2479	25. All prescription containers are properly labeled.	☒	☐	☐
NRS 38-28,108 to NRS 38-28,116	26. The pharmacy is in compliance with the Drug Product Selection Act	☒	☐	☐
175 NAC 8-007 NRS 28-414.03 CFR 1304.04 CFR 1311	27. An appropriate filing system for inventories and records of controlled substances is maintained.	☒	☐	☐
NRS 71-2412 NRS 71-2413 CFR 1306.11 CFR 1306.21	28. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing or his/her designee b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box or the electronic inventory record of the electronic or automated emergency box d. policies and procedures for use of electronic or automated emergency box Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☒
NRS 38-2854 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128-006	29. All requirements are met for the utilization of Pharmacists, Pharmacy Technicians and Pharmacist Interns, including: a. pharmacists, pharmacist interns, and pharmacy technicians are identified as such. b. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people, unless an exception applies. c. all pharmacists, pharmacy technicians, and pharmacist interns currently hold an active corresponding credential with the Department d. all pharmacy technicians hold an active certification (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐

Section Cited	Requirement	C	NC	NA
175 NAC 8-007.02	30. Pharmacy has written disaster preparedness policies and procedures.	☒	☐	☐
NRS 38-2867.03	31. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the practitioner authorized to prescribe independently and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every two years.	☐	☐	☒
NRS 38-2867.01 USP 795	32. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☒	☐	☐
NRS 38-2867.01 USP 797	33. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☒
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	34. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☒
NRS 71-7444(2)(d) NRS 71-7454(1)	35. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of the total prescription drug sales revenue of the transferor or transferee during the immediately preceding calendar year.	☐	☐	☒
NRS 71-7444 (2)(a-h); NRS 71-7454	36. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☒	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

2021 Random Inspection: INSPECTION OK.

a)

b)

c)

d)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8242163	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	07-07-2021

COVETRUS NE
VETS FIRST CHOICE LLC
5013 S 110TH ST
OMAHA, NE 681372376

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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FC8242163	08-31-2024	$888

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VETS FIRST CHOICE LLC
5013 S 110TH ST
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Form DEA-223 (9/2016)

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada licensed pharmacy: Covetrus North America, LLC

Nevada license number: PH02833

Websites in use or intended to be used: www.covetrus.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Phillip Jordan 12-15-21

Signature of Owner Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 5013 South 110th Street

City Omaha State NE Zip 68137

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-356-6214 Website www.covetrus.com

Licensing Company Email CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First Daniel Middle John Last Perina

Alias(es, nicknames, name changes, etc.) Dan

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address 5013 South 110th Street

City Omaha State NE Zip 68137

Telephone _____ Email _____

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☐

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See resume.			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18	[redacted]South 169th Street	Omaha	NE	68136
08/15-05/18	[redacted] Olive St	Omaha	NE	68136
08/14-08/15	[redacted]S 219th Circle	Gretna	NE	68028
10/13-08/14	[redacted] Willow Creek Dr	Omaha	NE	68136
05/10-10/13	[redacted]S 20th St	Clarinda	IA	51632
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Vets First Choice LLC dba Covetrus NE			07/2017-Present	
Business Address		**City**	**State**	**Zip**
5013 S 110th St		Omaha	NE	68137
Phone	**Title**		**Number of Employed Hours**	
866-356-6214	Pharmacist in Charge		over 8,000	
Description of Duties				
Manage the practice of pharmacy according to applicable state and federal laws.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials DP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/14/2021
Date

Applicant's initials DP

I, Daniel Perina, **certify that as the designated representative for** Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daniel Perina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/2021

Date

Applicant's initials DP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Perina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Douglas

I, Daniel Perina, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/14/2021

Date

Subscribed and Sworn to before me this 14 day of December.

Erin M Galvin

Notary Public Signature

ERIN M GALVIN
General Notary - State of Nebraska
My Commission Expires Dec 3, 2022

(Seal)

Applicant's initials DP

covetrus

Covetrus North America, LLC
5013 South 110th Street
Omaha, NE 68137

Professional Licenses/Permits:

State	License Number	Type of License	Issue Date	Status
Alabama	113896	Non-Resident & CSR	4/26/2012	Active
Alaska	144735	Out-of-State	3/21/2019	Active
Arizona	Y008059	Pharmacy Independent	5/8/2019	Active
Arkansas	OS02213	Retail	3/16/2010	Active
California	NRP2241	Non-Resident	8/9/2019	Active
California - WHSL	OSD7648	Wholesale	1/10/2020	Active
Colorado	OSP.0006048	Outlet-Out-of-State	4/19/2012	Active
Connecticut	PCN0002357	Non-Resident	9/1/2021	Active
DEA	FC8242163	DEA – CS	7/07/2021	Active
Delaware	A9-0001112	Non-Resident	5/7/2012	Active
Delaware - CSR	PH-0010327	CSR	8/18/2014	Active
DC	NRX1901507	Non-Resident	3/13/2019	Active
DC - CSR	NCP1900043	CSR	3/13/2019	Active
Florida	PH32589	Non-Resident	2/13/2020	Active
Georgia	PHNR001771	Non-Resident	8/15/2019	Active
Hawaii	PMP-1627	Miscellaneous Permit	6/14/2019	Active
Hawaii - CSR	E11773	CSR		Active
Idaho	53207MS	Mail Service Pharmacy	4/12/2019	Active
Illinois	054021154	Pharmacy	3/13/2019	Active
Illinois - CSR	320012974	CSR	3/13/2019	Active
Indiana	64002813A	Non-Resident	8/15/2019	Active
Iowa	3858	Non-Resident	1/1/2009	Active
Iowa - CSR	1108249	CSR	1/4/2018	Active
Kansas	22-108655	Non-Resident	4/15/2019	Active
Kentucky	NE1475	Non-Resident	2/11/2011	Active
Louisiana	PHY006338-NR	Non-Resident	12/20/2010	Active
Maine	MO40002589	Mail Order	11/8/2019	Active
Maryland	P08034	Pharmacy	3/12/2019	Active
Maryland - CSR	499809	CSR	2/21/2019	Active

covetrus

State	License Number	Type of License	Issue Date	Status
Michigan	5301009813	Pharmacy	5/4/2012	Active
Michigan - CSR	5315054679	CSR	5/4/2012	Active
Minnesota	265765	Non-Resident	2/4/2019	Active
Mississippi	08196	Non-Resident	7/27/2009	Active
Mississippi - CSR	CS08196	CSR	9/19/2019	Active
Mississippi - CC	CC08196	Compounding Certificate	9/17/2019	Active
Missouri	2012013615	Pharmacy	5/1/2012	Active
Montana	PHA-MOP-LIC-9551	Mail Order & CSR	11/30/2022	Active
Nebraska	3161	Community Pharmacy	2/25/2019	Active
Nebraska - WHSL	1539	Wholesale	12/20/2019	Active
Nevada	PH02833	Pharmacy	12/21/2019	Active
New Hampshire	NR1718	Mail Order	12/22/2019	Active
New Jersey	28RO00072100	Out of State	12/23/2019	Active
New Mexico	PH00004832	Non-Resident & Sterile	4/18/2019	Active
New Mexico - CSR	CS00227164	CSR	4/18/2019	Active
New York	037328	Non-Resident	4/8/2019	Active
North Carolina	14040	Pharmacy	2/14/2019	Active
North Dakota	Phar1559	Pharmacy	2/1/2019	Active
Ohio	022217450	Non-Resident	4/27/2012	Active
Oklahoma	99-8376	Non-Resident & Sterile	2/15/2019	Active
Oklahoma - CSR	63213	CSR	9/22/2021	Active
Oregon	RP-0002560	Drug Outlet & CSR	8/11/2009	Active
Pennsylvania	NP000203	Non-Resident	3/29/2016	Active
Rhode Island	PHN11619	Non-Resident	1/29/2019	Active
Rhode Island - CSR	CPHN11619	CSR	1/29/2019	Active
South Carolina	13936	Non-Resident	4/17/2012	Active
South Carolina - CSR	13-13936	CSR	8/11/2014	Active
South Dakota	400-0991	Non-Resident	4/18/2012	Active
Tennessee	4826	Pharmacy, CSR & Sterile	11/17/2010	Active
Texas	33164	E Pharmacy	3/4/2020	Active
Texas - WHSL	1002988	Wholesale	4/15/2022	Active
Utah	11140011-1708	Pharmacy Class D	2/5/2019	Active
Utah - CSR	11140011-8913	CSR	2/5/2019	Active

covetrus

State	License Number	Type of License	Issue Date	Status
Vermont	036.0086327	Non-Resident	5/1/2012	Active
Virginia	0214001345	Non-Resident	8/8/2011	Active
Washington	PHNR.FO.60934539	Non-Resident & CSR	6/1/2021	Active
West Virginia	MO0560372	Mail Order	5/24/2021	Active
Wisconsin	2369-43	Pharmacy	6/10/2019	Active
Wyoming	NR-51634	Non-Resident	3/28/2019	Active
Wyoming - CSR	CSB00758	CSR	3/28/2019	Active

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04315	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Mailing Address (if different from physical address): same as physical

City: _____ State: _____ Zip: _____

Telephone: 844-205-9135 Toll Free # (NAC 639.708, NRS 639.23286): 844-205-9135

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Salese

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21234

Type of Pharmacy (check all applicable)

☑ Retail/Community

☐ Hospital (# beds _____)

☒ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☑ Non-sterile Compounding

☐ Sterile Compounding

☑ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☑ Other: Veterinary

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☐ Sunday

On call: 9-11am

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Natalie Salese	NV Pharmacist Registration #: 21234
Name: Lee Martin	NV Pharmacist Registration #: 22150
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	☐	☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	☐	☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	☑	☐
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	☐	☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	☐	☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Philip Lombardi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Philip Lombardi

Print Name of Authorized Person

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

12-15-21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Philip Lombardi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

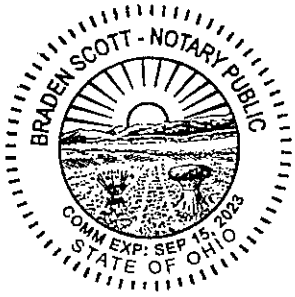
1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Philip Lombardi
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of December, 2021

Notary Public



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi, VP Operations & Logistics

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi 12-15-2021

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: _____	Amount: 500 check # 871283

1/19/22

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Natalie S. Salese

Date: 11/02/2021
Amount:
License #: 21234

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Natalie S. Salese

License #
21234
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21234

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Natalie S. Salese

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Please note, this facility has never been disciplined by any state or federal regulatory agency. However, the new owner, Covetrus North America, LLC, has been disciplined as described below. Given that, effective 1/7/2022, this facility will change to Covetrus North America, LLC, we are disclosing the actions below out of an abundance of caution.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.

• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20213435313

Authentication: 204333715

Date: 10-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Covetrus North America, LLC
Address :	2401 West Grandview Road Suite 100 Phoenix AZ 85023
License No :	Y009133
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	01/21/2022
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Covetrus Pharmacy Services, LLC
Address :	2401 West Grandview Road, Ste. 100 Phoenix AZ 85023
License No :	Y008414
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	08/03/2020
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1097535	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-13-2022

COVETRUS NORTH AMERICA, LLC
2401 W GRANDVIEW RD STE 100
PHOENIX, AZ 850233116

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1097535	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-13-2022

COVETRUS NORTH AMERICA, LLC
2401 W GRANDVIEW RD STE 100
PHOENIX, AZ 850233116

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Covetrus North America, LLC

Nevada license number: PH04315

Websites in use or intended to be used: www.covetrus.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒
This pharmacy has LegitScripts - See attached.

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Philip Lombardo — Signature of Owner

12-15-21 — Date

covetrus	Shipping Integrity Policy	Page 1 of 3

I. PURPOSE AND SCOPE

This policy outlines how the pharmacy uses a validated shipping system to ensure pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperature in the course of deliveries.

II. RESPONSIBILITIES

Role	Responsibility
VP of Pharmacy Operations	Ensures the Pharmacist in Charge (PIC) is trained on this policy.
Director of Quality Assurance & Improvement	Oversees and monitors shipping system validation test reporting and trending via PI monthly meeting. Provides guidance and recommendations based upon shipping system validation test data reporting.
Pharmacist in Charge (PIC)	Ensures all applicable employees are trained on and adhere to this policy. Ensures the pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment. Reviews shipping system validation test data and completes appropriate corrective actions to ensure the integrity of medications.
Pharmacy Manager(s) / Supervisor(s)	Assumes the role of the PIC in their absence.
Operations Management	In conjunction with the PIC, ensures all applicable employees are trained and adhere to this policy.
Pharmacist(s), Pharmacy Technician(s)	Adheres to this policy.
Warehouse Manager(s) / Supervisor(s)	Assumes the role of Operations Management in their absence.
Warehouse / Shipping Associate(s)	Adheres to this policy.
Pharmacy Compliance Coordinator (PCC) or Designee	Coordinates shipping system validation tests periodically to ensure that containers stay within specified temperature requirements. Analyzes and reports testing data to PIC and in PI monthly meeting. Trends and reports results of audit in monthly performance improvement (PI) meeting.

III. DEFINITIONS

Term	Definition
Commercial Drug	Conventionally manufactured product that are a pharmaceutical dosage form, usually the subject of an FDA-approved application that is manufactured under current good manufacturing practice conditions.
Compounded Preparation	A nonsterile or sterile drug or nutrient preparation that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling or otherwise altering of a drug or bulk drug substance in a licensed pharmacy or other healthcare-related facility in response to or in anticipation of a prescription or a medication order from a licensed prescriber.
Over the Counter (OTC)	Medications that do not need a veterinarian's prescription.

Term	Definition
Performance Improvement (PI)	Method for analyzing performance problems and setting up systems to ensure good performance. Synonymous with the terms Continuous Quality Improvement (CQI), Total Quality Management (TQM), or Quality Assurance Improvement (QAI).
Pharmaceuticals	Commercial drug items and Over the Counter (OTC) items.
Shipping	Includes third-party carrier companies' deliveries to the client/patient.
United States Pharmacopeia (USP)	Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP.
Validation	The action of checking or proving the validity or accuracy of something. Establishment of documented evidence that a method, process, or system meets its intended requirements.

IV. POLICY

1. The pharmacy will ensure that pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperatures (room temperature and refrigerated) during the course of deliveries.
2. The pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment.
3. Shipping methods will be tested periodically under the typical conditions that the pharmacy shipments experience (i.e., extreme summer heat and winter cold) to ensure that containers stay within specified temperature requirements described by the manufacturer, USP, and/or other applicable requirements.

V. REFERENCES

1. Shipping Integrity Procedure
2. USP Compounding Compendium, Chapter 6S9 Packaging and Storage Requirements
3. Relates to PCAB Non-Sterile and Sterile Compounding Standard TCRX6-D, ACHC Accreditation Standards current version
4. Relates to Vet-VIPPS Standard 14.0 Storage & Shipment: 14.4, 14.5, 14.6, 14.7, 14.8.

VI. VERSION HISTORY

Version	Version Date	Change Details	Prepared By
AA	4/30/2021	Annual review. Updated to new format for Qualityze. Section I Purpose and Scope; deleted delivery containers and updated to 'a validated shipping system'. Updated the word shipping to deliveries at the end of the sentence. Section II Responsibilities; Added Operations to VP of Pharmacy. Added Director of Quality Assurance & Improvement. PIC responsibility updated the word integrity to system validation. Updated Compliance Coordinator to Pharmacy Compliance Coordinator and added (PCC) and updated the word integrity to system validation. Section III Definitions; added the definition of PI and validation. Section IV Policy; item 1 added '(room temperature and refrigerated)' to policy due to PCAB standard update and changed shipping to 'the course of deliveries'. Item 3 added 'described by the manufacturer, USP, and/or other applicable requirements'. Section V References; removed TCRX naming from SOPs. Updated February 2019 PCAB standard reference to current version.	Matt Jauch, Erin Bonham

covetrus	Shipping Integrity Procedure	Page 1 of 4

I. PURPOSE AND SCOPE

This procedure outlines how the pharmacy uses a validated shipping system to ensure pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperature in the course of deliveries.

II. RESPONSIBILITIES

Role	Responsibility
VP of Pharmacy Operations	Ensures the Pharmacist in Charge (PIC) is trained on this procedure.
Director of Quality Assurance & Improvement	Oversees and monitors shipping system validation test reporting and trending via PI monthly meeting. Provides guidance and recommendations based upon shipping system validation test data reporting.
Pharmacist in Charge (PIC)	Ensures all applicable employees are trained on and adhering to this procedure. Ensures the pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment. Reviews shipping system validation test data and completes appropriate corrective actions to ensure integrity of medications.
Pharmacy Manager(s) / Supervisor(s)	Assumes the role of the PIC in their absence.
Operations Management	In conjunction with the PIC, ensures all applicable employees are trained and adhere to this procedure.
Pharmacist(s), Pharmacy Technician(s)	Adheres to this procedure.
Warehouse Manager(s) / Supervisor(s)	Assumes the role of Operations Management in their absence. Coordinates completion of the monthly audit.
Warehouse / Shipping Associate(s)	Adheres to this procedure.
Pharmacy Compliance Coordinator (PCC) or Designee	Coordinates shipping system validation tests periodically to ensure that containers stay within specified temperature requirements. Analyzes and reports testing data to PIC and in PI monthly meeting. Trends and reports results of audit in monthly performance improvement (PI) meeting.

III. DEFINITIONS

Term	Definition
Beyond Use Date (BUD) Non-Sterile	The date after which a compounded preparation shall not be used; determined from the date the preparation is compounded.
Beyond Use Date (BUD) Sterile	The date or time after which a compounded sterile preparation (CSP) shall not be stored or transported. The date is determined from the date or time the preparation is compounded.
Commercial Drug	Conventionally manufactured product that are a pharmaceutical dosage form, usually the subject of an FDA-approved application that is manufactured under current good manufacturing practice conditions.
Complaint or Grievance	Medication errors, product quality issues, shipping issues, and adverse drug events.

Term	Definition
Compounded Preparation	A nonsterile or sterile drug or nutrient preparation that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling or otherwise altering of a drug or bulk drug substance in a licensed pharmacy or other healthcare-related facility in response to or in anticipation of a prescription or a medication order from a licensed prescriber.
Master Formulation Record (MFR)	Record created prior to compounding a preparation for the first time. This record is followed each time a preparation is compounded to ensure consistency in the preparation.
Over the Counter (OTC)	Medications that do not need a veterinarian's prescription.
Performance Improvement (PI)	Method for analyzing performance problems and setting up systems to ensure good performance. Synonymous with the terms Continuous Quality Improvement (CQI), Total Quality Management (TQM), or Quality Assurance Improvement (QAI).
Pharmaceuticals	Commercial drug items and Over the Counter (OTC) items.
Shipping	Includes third-party carrier companies' deliveries to the client/patient.
United States Pharmacopeia (USP)	Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP.
Validation	The action of checking or proving the validity or accuracy of something. Establishment of documented evidence that a method, process, or system meets its intended requirements.
Verification	The process of establishing the proof of something. Confirmation that an established method, process, or system meets predetermined acceptance criteria.

IV. PROCEDURE

1. The pharmacy will ensure that pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperatures in the course of deliveries.
    A. Temperatures to be included are:
        i. Room temperature, 20°-25°C (68°-77°F)
        ii. Refrigerated, 2°-8°C (36°-46°F)
    B. The pharmacy will maintain the above storage conditions in accordance with manufacturer, USP, and/or other applicable requirements by utilizing secondary containers and packing materials, including but not limited to:
        i. Coolers
        ii. Gel packs, both frozen and room temperature
        iii. Resealable plastic bags
        iv. Amber resealable plastic bags
        v. Heat sealed plastic bags
        vi. Thermopod envelopes
        vii. Padded envelopes
        viii. Bubble wrap
        ix. Packing paper
        x. Cardboard boxes
        xi. Air pillows
        xii. Tape

C. Pharmaceuticals will be dispensed in the original manufacturers packaging when possible. If this is not an option, the medication will be dispensed in USP approved containers.
    i. Drug monographs will be used to determine appropriate shipping requirements.
        a. If shipping requirements cannot be determined utilizing drug monographs, the package inserts may be used to determine appropriate shipping requirements. If warranted the manufacturer will be contacted to determine appropriate shipping requirements.
            i. Documentation will be requested and kept on file if provided by the manufacturer.

D. Compounded preparations will be dispensed and shipped based on information from drug monographs or supporting beyond use date (BUD) data found on the master formulation records (MFR).

E. For specific packing and shipping steps see facility specific work instructions.
    i. A monthly audit of packing and shipping will be completed to ensure proper steps were used to maintain integrity of the items during transport to the client/patient.
        a. This audit will be documented, and results given to the PCC or Designee for trending and reporting in the monthly PI meeting.
        b. A random combination of ten packages will be pulled from the shipping station.
        c. Auditor will open all packages and validate that the correct items were included, and proper packing techniques were utilized.
        d. Any non-conformances found will be reviewed with the warehouse/shipping associate and will be fixed prior to continuing with the shipment.
            i. Non-conformances with corresponding corrective actions should be completed in the appropriate section of the audit form.
            ii. Retraining will be completed when necessary.
        e. PCC or Designee will trend and report on results in monthly PI meeting.

2. The pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment.
    A. When necessary the pharmacist will provide guidance to ensure that appropriate conditions are achieved or maintained.
    B. The pharmacy will provide clients/patients with medication guides for pharmaceuticals, when applicable, that will outline appropriate conditions of storage.
    C. For compounded preparations, auxiliary stickers will be placed on the compounded preparation for those items that require special conditions of storage in the home environment.
3. The shipping system utilized will be tested periodically under the typical conditions that the pharmacy shipments experience (i.e., extreme summer heat and winter cold). The testing will take into consideration initial medication start temperature, payload size/weight, types of used insulation, thickness of insulation, weight of gel packs, gel packs start temperature, and various ambient temperatures experienced by the package in transit with the goal of keeping the medication within specified temperature requirements.
    A. The pharmacy will complete quarterly verifications for room temperature and refrigerated medications.
        i. See work instructions for steps for completing quarterly verifications.
    B. If testing indicates a change in packing or shipping methods is needed, adjustments will be completed.
    C. In addition to the quarterly testing, client/patient complaints or grievances will be monitored and trended monthly by PCC or Designee.

i. Any increasing trends noted in medication integrity due to extreme shipping conditions will be evaluated and modifications of packing parameters will be made as needed based on identified trends.

V. REFERENCES

1. Shipping Integrity Policy
2. Temperature Verification of Refrigerated Medications Work Instruction
3. Warehouse Packing & Shipping Audit
4. Temperature Verification Test Packing & Shipping Information
5. Temperature Verification Arrivals Condition Report
6. Temperature Verification of Refrigerated Medications Report
7. USP Compounding Compendium, Chapter 659 Packaging and Storage Requirements
8. Relates to PCAB Non-Sterile and Sterile Compounding Standard TCRX6-D, ACHC Accreditation Standards current version
9. Relates to Vet-VIPPS Standard 14.0 Storage & Shipment: 14.4, 14.5, 14.6, 14.7, 14.8.

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AA	4/30/2021	Annual review. Updated to new format for Qualityze. Section I Purpose and Scope; deleted delivery containers and updated to 'a validated shipping system'. Updated the word shipping to deliveries at the end of the sentence. Section II Responsibilities; Added Operations to VP of Pharmacy. Added Director of Quality Assurance & Improvement. PIC responsibility updated the word integrity to system validation. Updated Compliance Coordinator to Pharmacy Compliance Coordinator and added (PCC) and updated the word integrity to system validation. Section III Definitions; updated complaint or grievance definition updating PADE to adverse drug event. Added definition for validation. Section IV Procedure; item 1 updated shipping to 'in the course of deliveries' and added item A for temperatures to be included. Item 1.B.ii updated ice to gel packs. Updated Compliance Coordinator to PCC throughout section. Item 1.E.e. removed the use of PI & POC form. Item 3 updated to include shipping system utilized will be tested and that all items that need to be taken into consideration during testing. Item 3.A. added room temperature to quarterly verifications. Item 3.B. removed the use of PI & POC form. Section V References; removed TCRX naming from SOPs. Updated February 2019 PCAB standard reference to current version. Removed reference to PI & POC form.	Matt Jauch, Erin Bonham

Covetrus North America, LLC - License List Pending Change of Ownership

2401 West Grandview Road, Ste. 100, Phoenix, AZ 85023

State	License #	Issued	Expiration
Alaska	168672	11/20/2020	6/30/2022
Arizona	Y008414	8/3/2020	10/31/2023
Colorado	OSP0007532	2/23/2021	10/31/2022
Connecticut	PCN.0003889	9/1/2021	8/31/2022
Delaware	A9-0012650	4/20/2021	9/30/2022
Delaware - CSR	PH-0024719	4/26/2021	6/30/2023
District of Columbia	NRX2101929	10/06/2021	5/31/2023
District of Columbia - CS	NCP2100055	10/6/2021	5/31/2023
Florida	PH33133	1/22/2021	2/28/2023
Florida - Control Number	122590		
Hawaii	PMP-1750	11/16/2020	12/31/2021
Hawaii - CSR	E15215		8/31/2022
Idaho	61233MS	3/16/2021	12/31/2021
Illinois	054021817	12/21/2020	3/31/2022
Illinois - CSR	320013438	12/21/2020	3/31/2022
Indiana	64003100A	4/13/2021	12/31/2023
Iowa	5415	7/30/2021	12/31/2021
Iowa - CSR	1108920	7/30/2021	8/31/2023
Kansas	22-113360	2/22/2021	6/30/2022
Kentucky	AZ2707	11/23/2020	6/30/2022
Louisiana	PHY008218-NR	1/26/2021	12/31/2021
Maine	MO40002951	1/20/2021	12/31/2021
Maryland	P08360	12/2/2020	5/31/2022
Maryland - CSR	4105580	11/18/2020	10/31/2023
Michigan	5301012570	01/07/2021	01/07/2023
Michigan - CSR	5315222348	01/07/2021	01/07/2023
Minnesota	266236	11/25/2020	6/30/2022
Missouri	2020042459	12/23/2020	10/31/2023
Montana	PHA-MOP-LIC-75214	4/22/2021	11/30/2022
Nebraska	1427	11/20/2020	7/1/2022
Nevada	PH04315	3/8/2021	10/31/2022
New Hampshire	NR2056	12/1/2020	12/31/2022
New Jersey	28RO00220500	10/12/2021	6/30/2022
New Mexico	PH00005144	1/21/2021	12/31/2022
New Mexico - CSR	CS00229770	1/21/2021	8/31/2024
New York	038579	12/11/2020	11/30/2023

North Dakota	PHAR1786	1/12/2021	6/30/2022
Ohio	0242000248	11/25/2020	3/31/2023
State	License #	Issued	Expiration
Oklahoma	99-8845	11/30/2020	11/30/2022
Oklahoma - CSR	6499771	9/30/2021	10/31/2022
Oregon	RP-0003692	5/4/2021	3/31/2022
Pennsylvania	NP001769	4/5/2021	8/31/2023
Rhode Island	PHN12046	1/5/2021	9/30/2022
Rhode Island - CSR	CPHN12046	1/5/2021	9/30/2022
South Dakota	400-2196	1/27/2021	6/30/2022
Tennessee	6963	12/16/2020	12/31/2022
Utah	12087795-1708	3/17/2021	9/30/2023
Utah - CSR	12087795-8913	3/17/2021	9/30/2023
Vermont	036.0134510	5/24/2021	7/31/2023
Virginia	0214002368	1/20/2021	1/31/2022
Washington	PHNR.FO.61135698		5/31/2022
West Virginia	MO0561618	5/24/2021	6/30/2023
Wisconsin	2681-43	4/26/2021	5/31/2022
Wyoming	NR-51944	4/14/2021	6/30/2022
Wyoming - CSR	CSB00992	4/14/2021	6/30/2022

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y008414	10/31/2021	Covetrus Pharmacy Services, LLC

Address :

2401 West Grandview Road, Ste. 100

Zip :	City :	State :
85023	Phoenix	AZ

Phone :	Email :	Inspection Date :
(844) 205-9135	natalie.salese@covetrus.com	04/20/2021

PIC :	Pic License Exp Date :	DEA # :
Natalie Salese	10/31/2022	FC9577959

DEA # Exp. date :	Inspection Reviewed With :	Reviewers License# :
08/31/2023	Lee Martin	S009628

Inspection type :

Remodel

Inspection Conducted By :

Dennis Waggoner

ACTIVITIES

1	Nonsterile Compounding	◉YES ○NO
2	Nonsterile Hazardous Compounding	◉YES ○NO
3	Sterile Compounding	◉YES ○NO
4	Sterile Hazardous Compounding	◉YES ○NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

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1	Size/Personnel	◉S ○C/P ○U ○N/A	R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
	Additional pharmacy space of approximately 34,000sqft includes the following areas: Front end processing/call center-6575sqft Control substances room-320sqft Penicillin/cephalosporin compounding room-590sqft Non-sterile, non-hazardous compounding-4665sqft Non-sterile, hazardous compounding-3175sqft Sterile, non-hazardous compounding-1535sqft Sterile, hazardous compounding-1195sqft Pharmacist verification and commercial filling-3175sqft		
2	Shelves	◉S ○C/P ○U ○N/A	R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area	○S ○C/P ○U ◉N/A	R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	○S ○C/P ○U ◉N/A	R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A	R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

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16	Windows	◉S ○C/P ○U ○N/A
	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
17	Floors	◉S ○C/P ○U ○N/A
	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
18	Restroom	◉S ○C/P ○U ○N/A
	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A
	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
20	Nonsterile compounding area	◉S ○C/P ○U ○N/A
	R4-23-410(E)	

SECURITY

1	Controlled substances	◉S ○C/P ○U ○N/A
	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
2	Pharmacist access	◉S ○C/P ○U ○N/A
	R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
3	Additional pharmacy drug storage areas	◉S ○C/P ○U ○N/A
	R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
4	Filled Rx medication storage	◉S ○C/P ○U ○N/A
	R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)	
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A
	R4-23-654(D); R4-23-672(C)	

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference	○S ○C/P ○U ◉N/A
	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
2	Therapeutics reference	○S ○C/P ○U ◉N/A
	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
3	Drug compatibility reference	○S ○C/P ○U ◉N/A
	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
4	Drug product equivalency reference	○S ○C/P ○U ◉N/A
	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	
5	Sterile products reference	○S ○C/P ○U ◉N/A
	R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)	
6	Policy and procedure manual-pharmacy operations	○S ○C/P ○U ◉N/A
	R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)	

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

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7	Policy and procedure manual-technicians	OS OC/P OU ◉N/A	R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	⊙S OC/P OU ◉N/A	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding	OS OC/P OU ◉N/A	R4-23-410; R4-23-670
10	Arizona statutes/rules	OS OC/P OU ◉N/A	R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	OS OC/P OU ◉N/A	R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed	OS OC/P OU ◉N/A	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	◉S OC/P OU ○N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	◉S OC/P OU ○N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	OS OC/P OU ◉N/A	R4-23-408
4	Computer-patient profiles	OS OC/P OU ◉N/A	R4-23-408(B)(3)
5	Computer-single drug usage report	OS ⊙C/P OU ◉N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	OS OC/P OU ◉N/A	R4-23-408(C)(4)
7	Prescription label	OS OC/P ⊙U ◉N/A	ARS 32-1968.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	OS OC/P OU ◉N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	⊙S OC/P OU ◉N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	⊙S OC/P OU ◉N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	OS OC/P OU ◉N/A	R4-23-402(G)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

12	Federal medication guides	OS OC/P OU ◉N/A	21 CFR part 208
13	Hospital IV label	OS OC/P OU ◉N/A	R4-23-658
14	Generic Rx blanks	OS OC/P OU ◉N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	OS OC/P OU ◉N/A	R4-23-411(F)
16	Schedule V register	OS OC/P OU ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log	OS OC/P OU ◉N/A	ARS 32-1977
18	Red C stamp	OS OC/P OU ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	OS OC/P OU ◉N/A	R4-23-502
20	Graduates	OS ◉C/P OU ◉N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	OS OC/P ◉U ◉N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	OS OC/P ◉U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	OS ◉C/P ◉U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	OS OC/P OU ◉N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	OS ◉C/P ◉U ◉N/A	R4-23-615

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

30	Mechanical counting device	OS OC/P OU ◉N/A R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ◉N/A R4-23-701.02
32	Automated emergency drug supply units (LTC)	OS OC/P OU ◉N/A R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ◉N/A R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

	Size	◉S OC/P OU ON/A R4-23-670(A)
1	Separate areas/entrances consisting of: Non-hazardous: prep room-485sqft ante room-185sqft buffer room-470sqft Hazardous: prep room-440sqft ante room-155sqft buffer room-460sqft	
2	Dedicated to compounding sterile products	◉S OC/P OU ON/A R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	◉S OC/P OU ON/A R4-23-670(A)(2)
4	Restricts entry/access	◉S OC/P OU ON/A R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	◉S OC/P OU ON/A R4-23-670(A)(4)
6	Nonporous and cleanable floor	◉S OC/P OU ON/A R4-23-670(A)(5)
7	Nonporous and cleanable walls	◉S OC/P OU ON/A R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	◉S OC/P OU ON/A R4-23-670(A)(5)
9	Environment ISO 7 Pending certification	OS ◉C/P OU ON/A R4-23-670(A)(6)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 04/20/2021 for Covetrus Pharmacy Services, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

10	Hood ISO 5 Pending certification	OS ◉C/P ○U ○N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8 Pending certification	OS ◉C/P ○U ○N/A	R4-23-110; R4-23-670(E)(F)

NOTES

Opening of additional space. Badge access to pharmacy space only after a pharmacist arrives onsite.

Ok to begin transition of activities from previous location except no sterile compounding until certification of rooms/hoods is completed and report provided to the compliance officer.



Covetrus North America, LLC
400 Metro Place North
Dublin, OH 43017
FEIN/TaxID: 37-1507466

Officer List:

Name	Title
Victor Thomas Forte, IV	President & LLC Manager
Philip Mario Lombardi	VP Operations & Logistics & LLC Manager
Lee Wise	Treasurer & LLC Manager

Sole Member:

Name, Title	% Ownership
W.A. Butler Company	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Physical Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Mailing Address (if different from physical address): same as physical

City: State: Zip:

Telephone: 844-205-9135 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Natalie Middle: Last: Salese

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex ☐ M ■ F ☐ X

Mailing Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Telephone: 844-205-9135 Email: CGPM-RxLicensing@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: NS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University		08/03 - 06/06	
Address	**City**	**State**	**Zip**
19555 N 59th Ave.	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Paradise Valley Community College		08/02 - 05/03	
Address	**City**	**State**	**Zip**
18401 N. 32nd Street	Phoenix	AZ	85032
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Scottsdale Community College		06/01 - 05/02	
Address	**City**	**State**	**Zip**
9000 E Chaparral	Scottsdale	AZ	85256
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Alhambra High School		03/81 - 05/84	
Address	**City**	**State**	**Zip**
3839 W Camelback Rd	Phoenix	AZ	85019
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - 12/21	[redacted] North Grayhawk Dr., Unit [redacted]	Scottsdale	AZ	85255
12/18 - 07/19	[redacted] E Silverstone Dr [redacted]	Scottsdale	AZ	85255
12/17 - 12/18	[redacted] E Becker Lane [redacted]	Scottsdale	AZ	85260
12/00 - 12/17	[redacted] E Jasmine Dr	Scottsdale	AZ	85255

Applicant's initials NS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus Pharmacy Services, LLC (nka Covetrus North America, LLC)			05/18 - present
Business Address	**City**	**State**	**Zip**
2401 West Grandview Road, Ste. 100	Phoenix	AZ	85023
Phone	**Title**	**Number of Employed Hours**	
844-205-9135	Pharmacist-in-charge	6720	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Mayo Clinic			03/16 - 05/18
Business Address	**City**	**State**	**Zip**
13400 E Shea Blvd	Scottsdale	AZ	85259
Phone	**Title**	**Number of Employed Hours**	
480-301-8000	Compounding Pharmacist	4160	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials NS

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AS

I, Natalie Salese, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Natalie Salese

Print Name (First, Last)

Natalie Salese

Original Signature (electronic, copies or stamps not accepted)

12/14/2021

Date

Applicant's initials NS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Salese

Print Name (First, Last)

Natalie Salese

Original Signature (electronic, copies or stamps not accepted)

12/14/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Natalie Salese, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Natalie Salese

Original Signature

12/14/2021

Date

Subscribed and Sworn to before me this 15th day of December.

Notary Public Signature

SUMMER ROPER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 603552
Expires April 30, 2025

(Seal)

Applicant's initials NS

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medication Management Partners, LLC

Physical Address: 13601 S. Kenton

Mailing Address: 13601 S. Kenton

City: Crestwood State: IL Zip Code: 60418

Telephone: 708-752-8000 Fax: 708-752-8011

Toll Free Number: 877-752-8046 (Required per NAC 639.708)

E-mail: mmprx@mmprx.com Website: mmprx.com

Managing Pharmacist: Mahmoud Zegar License Number: ~ 21705

✓ 12/8/21 MS

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☒	☐ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

LABINOT ARDIA
Print Name of Authorized Person

5-12-2021
Date

Board Use Only Date Processed:_____ Amount: 500 Check # 77457

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: _____

Mailing Address: 13601 S. Kenton

City: Crestwood State: IL Zip: 60418

Telephone: 708-752-8000 Fax: 708-752-8011

Contact Person: Mahmoud Zegar

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Brian Cloch, [redacted] Long Cove Ct, Riverwoods, IL 60015
Name Address

b) Labinot Avdiu, [redacted] Deerpath Ln, LaGrange Park, IL 60526
Name Address

c) David Doubek, [redacted] W. Ute, Palos Heights, IL 60463
Name Address

d) Thomas Doubek, [redacted] Arlington, LaGrange, IL 60524
Name Address

2) Provide the number of shares issued by the corporation. 100%

3) What was the price paid per share? $100,000 in total for 100% of ownership

4) What date did the corporation actually receive the cash assets? October 2010

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 8 pm Saturday 9 am 3 pm

Sunday 8 am 2 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Mahmoud S. Zegar

Date: 10/13/2021
Amount:
License #: 21705

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Mahmoud S. Zegar

License #
21705
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21705

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mahmoud S. Zegar

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

David Doubek - President
Labinot Avdiu - CEO
Brenda Brinka - Director of Business Development
Patrice Johnson - Director of Partner Success
Sam Oryhon - Director of HR & Finance
Mahmoud Zegar - Director of Operations

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, LABINOT AVDIU

Responsible Person of MEDICATION MANAGEMENT PARTNERS, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

LABINOT AVDIU

Print Name of Authorized Person

5-12-2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, LABINOT AVDIU, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO for Medication Management Partners (MMP) the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, LABINOT AVDIU do hereby swear under penalty of perjury that the assertions of this affidavit are true.

LABINOT AVDIU
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of May, 2021.

NOTARY PUBLIC

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/11/22

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM1832484	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	12-03-2021

MEDICATION MANAGEMENT PARTNERS, LLC
MEDICATION MANAGEMENT PARTNERS
13601 KENTON AVE
CRESTWOOD, IL 60418

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

File Number 0288413-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MEDICATION MANAGEMENT PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 16, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* DECEMBER *A.D.* 2021 .

Authentication #: 2134204436 verifiable until 12/08/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
Drug Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, IL 60016-1563
PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

COMMUNITY PHARMACY

BUSINESS NAME	HOURS		DEA LICENSE	EXPIRES	DATE OF INSPECTION
Medication Management Partners LLC	M T W	8-8	FM1832484	1/31/22	5/14/21
ADDRESS	T F	8-8	ICSA LICENSE	EXPIRES	LICENSE NUMBER
13601 Kenton Ave	SAT	9-3	320.009709	3/31/22	054.016830
	SUN	8:45-2			
CITY / ZIP CODE: Crestwood 60418	OTHER HOURS EXCEP	Holidays 10-2	TELEPHONE: 708-752-8000		

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	E-MAIL ADDRESS
☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☑ LLC	PERSON IN CHARGE: Mahmoud Zegar	(877) 752-8046	mmprx@mmprx.com
		FAX NUMBER	COUNTY: Cook

NAME OF LICENSEE OR REGISTRANTS	LICENSE/REGISTRATION NO.
R Ph IN CHARGE Mahmoud Zegar	051. 291204
	051.
Traniesha Jordan - billing	049. 256070 licensed expired 3/31/21
	049.
	049.
	049.
* = Present during inspection	

PIC ALSO PHARMACIST-IN-CHARGE AT THE FOLLOWING PHARMACIES:

	NAME	ADDRESS	PHONE NUMBER
1.			( )
2.			( )

SECTION	COMPLIANCE REQUIREMENT	YES	NO
225 ILCS 85/15 (5)	All required current licenses are posted in a conspicuous location.	☑	☐
225 ILCS 85/22	When a drug, medicine or poison is sold pursuant to a prescription a label must be affixed containing the following:		
	a) Pharmacy name and address	☑	☐
	b) Name, initials, and unique identification of the person authorized to dispense	☑	☐
	c) Date on which such prescription was filled	☑	☐
	d) The name of the patient	☑	☐
	e) Serial number of such prescription	☑	☐
	f) Last name of the prescriber who prescribed the same	☑	☐
	g) Directions for use	☑	☐
	h) Name of patient and name(s) of drug(s) and quantity, unless otherwise directed by practitioner	☑	☐
1330.30(k)	Registrants must wear identification bearing his or her name and designation.	☑	☐
1330.500(b)	Whenever the hours of the pharmacy differ from those of the establishment in which the pharmacy is located, the schedule during which pharmacy services are provided shall be conspicuously displayed.	☑	☐
	Whenever a pharmacy is open and a pharmacist is not present and available to provide pharmacy services, a sign stating that situation shall be conspicuously displayed.	☑	☐
225 ILCS 85/3(e)	A prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise.	☑	☐
225 ILCS 85/15	Security provisions must be provided for all drugs and devices during the absence of a pharmacist.	☑	☐
1330.610	All dispensing and drug storage areas of the pharmacy must be contiguous.	☑	☐
	The pharmacy area and all store rooms shall be well-lighted and properly ventilated.	☑	☐
	Refrigerators shall be for the exclusive use of prescription drugs.	☑	☐

SECTION	COMPLIANCE REQUIREMENT	YES	NO
1330.610	The pharmacy area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	☑	☐
	Current reference books and copy of laws and rules in hard copy or readily available electronic data format. Facts and Comparisons - Online	☑	☐
410 ILCS 620/14(b)	Expired medications are stored separately from active medication stock.	☑	☐
1330.630	Pharmacy must be clean and sanitary.	☑	☐
	Pharmacy must have a sink with hot and cold water.	☐	☐
	Food and/or beverages shall be placed in designated area away from dispensing activities.	☑	☐
1330.700	An offer to counsel shall be made on all REFILL prescriptions. Verbal counseling by a registered pharmacist or a student pharmacist under the direct supervision of a registered pharmacist is **REQUIRED for all NEW prescriptions.**	☑	☐
	Counseling sign printed in COLOR or displayed electronically in COLOR, measuring at least 8½ x 11 inches, & posted so the sign is clearly visible to patients.	☑	☐
1330.730(b)	Any prepackaged drugs must have a label affixed that contains the name and strength of the drug, the name of the manufacturer or distributor, beyond use date and lot number on each container.	☑	☐
1330.50(c)	Vaccination/immunization records are properly maintained for a minimum of 5 years. Digitally stored - DocuTrack	☑	☐
1330.800	Every licensed pharmacy shall conduct an annual self-inspection using forms provided by the Division.	☑	☐
	Last community self-inspection date: 12/22/20 / Last non-sterile self-inspection date: 12/22/20		
225 ILCS 85/15.1	A pharmacist who works 6 continuous hours or longer per day shall be allowed to take at least one 30-minute uninterrupted meal break & one 15-minute break during that 6-hour period.	☑	☐
	A pharmacy shall maintain a complete & accurate record showing its pharmacists' daily break periods.	☐	☑

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

CONTROLLED SUBSTANCE INSPECTION

Date: 5/14/21 Inspector: Bhogapuram #889

Name: Medication Management Partners LLC

ILCS No.: 320.009709 Exp: 3/31/22

DEA No.: FM1832484 Exp:

3100.310	Applicants and licensees shall provide effective controls and procedures to guard against theft and diversion.	☑ Yes	☐ No
	Security System that detects unauthorized entry.	☑ Yes	☐ No
	Security System Used: JR Technology / Genetec Quality Alarm		
	Security System includes any of the following:		
	☑ Separate key code access for each licensee ☑ Cameras		
	☑ Motion Sensors ☐ Glass Break Sensors		
	Personal bags in a designated area away from CS handling and storage.	☑ Yes	☐ No
3100.340	Controlled Substances shall be stored in a securely locked substantially constructed cabinet. Type of cabinet utilized by the licensee:		
	☐ Safe ☑ Substantially Constructed Cabinet		
	☑ Affixed to Floor and/or Wall ☑ Keys		
	☐ Electronic Pin Code ☐ Combination		
	CII medications are locked and secure unless actively dispensing.	☑ Yes	☐ No
	CII safe keys or combinations is limited to Pharmacist access only.	☑ Yes	☐ No
21 CFR 1304.04 (h)(1) (2)	CII Inventories and Prescriptions maintained in separate files.	☑ Yes	☐ No
21 CFR 1304.04 (h)(3) (4)	CIII – CV Inventories and Prescriptions maintained in separate files or readily retrievable from the ordinary business records of the pharmacy.	☑ Yes	☐ No

21 CFR 1304.21 (c) Return Records properly maintained in a separate file. ☑ Yes ☐ No

21 CFR 1305.04 & 05 CII orders completed with; DEA 222 Forms Pharmaceutical Returns (3/8/21)

CSOS ✓

If CSOS is used, who orders CII medications? Steven Windberg, John Newark, Louis Hoelle, Carolyn Wikstrom, Minoza Metarapi, Mahmoud Zegar

Is there a POA(s) on-site? ☑ Yes ☐ No ☐ N/A

3100.360 Every licensee shall conduct an **annual** inventory that includes an inventory with an actual count of the inventory on hand for all Schedule II Controlled Substances and an approximate inventory for all Schedule III, IV and V Controlled Substances. The inventory shall be maintained for a period of not less than 5 years. Inventory requirements are listed in 21 CFR 1304.11.

Date of Last Annual Inventory: 5/1/21

Signed by: PIC Zegar

In every instance that a licensee is required by 21 CFR 1301.76 (April 1, 2014) to file with the DEA a Report of Theft or Loss of Controlled Substances (Form 106), a copy shall be sent to the Division within one business day after submission to the DEA, along with the printed name of the person who signed the form.

How many DEA 106 Forms submitted in the last year: Loss Ø

Theft Ø

Was the loss due to employee diversion? ☐ Yes ☐ No ☑ N/A

For theft, was a police report filed with Local PD? ☐ Yes ☐ No ☑ N/A

720 ILCS 570/312 Controlled Substances are dispensed in Good Faith? ☑ Yes ☐ No

Does the Pharmacy regularly access PMP data? ☑ Yes ☐ No

Controlled Substance Prescriptions must contain the following:

1. Name and Address of the Patient ☑ Yes ☐ No ☐ N/A
2. Date of Issuance ☑ Yes ☐ No ☐ N/A
3. Practitioner's Name/Written Signature and DEA Number ☑ Yes ☐ No ☐ N/A
4. Dispensing Pharmacist's Written Signature or Initials ☑ Yes ☐ No ☐ N/A
5. Date of Filling ☑ Yes ☐ No ☐ N/A

	6.	A prescription for a Schedule II controlled substance must include both a written and numerical notation of quantity on the face of the prescription 720 ILCS 570/309	☑ Yes ☐ No ☐ N/A
	7.	No Schedule III, IV, V controlled substance filled or refilled more than 5 times more than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber.	☑ Yes ☐ No ☐ N/A
	8.	A prescription for a Schedule II controlled substance shall not be filled more than 90 days after the date of issuance	☑ Yes ☐ No ☐ N/A
	Schedule V Controlled Substances Dispensed in Good Faith		☐ Yes ☐ No ☑ N/A
	1.	Dispensed only by a pharmacist to a person over 21 with two sources of identification	☐ Yes ☐ No ☑ N/A
	2.	RPH shall record the name and address, name and quantity of the product, the date and time of the sale, and the dispenser's signature.	☐ Yes ☐ No ☑ N/A
	3.	No more than 120 milliliters dispensed in any 96 hour period	☐ Yes ☐ No ☑ N/A
	CV sales records are appropriately maintained		☐ Yes ☐ No ☑ N/A
3100.410	Each refilling of a prescription of a controlled substance listed in Schedules III, IV or V:		
	1.	Be entered on the back of the prescription or in the electronic prescription record;	☑ Yes ☐ No ☐ N/A
	2.	Indicate the date, quantity and name or initials of the dispensing pharmacist for each prescription;	☑ Yes ☐ No ☐ N/A
	3.	Be dated by the pharmacist as of the date of dispensing	☑ Yes ☐ No ☐ N/A
	4.	State the amount dispensed.	☑ Yes ☐ No ☐ N/A
21 CFR 1306.22	Maintains a daily printout verifying the accuracy of each days CS refills signed by the dispensing RPH(s) or a bound logbook or a separate file in which each pharmacist involved in the day's dispensing signs a statement, verifying that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown.		☑ Yes ☐ No ☐ N/A

Notes: This is an inspection conducted by DCI Elizabeth Bhogapuragu.
The pharmacy is a closed door pharmacy that services assisted and supported living facilities.
A log recording pharmacists breaks must be maintained.

E Bhogapuragu #889
Investigator Signature

5/14/21
Date

PIC/RPH Signature

5-14-21
Date

Supervisor Signature

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medication Management Partners, LLC

Physical Address 13601 S. Kenton

City Crestwood State IL Zip 60418

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 708-752-8000 Website mmprx.com

Licensing Company Email mahmoud.z@mmprx.com

Section 2: Personal Information

First Mahmoud Middle _____ Last Zegar

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Kingsport Road

City Orland Park State IL Zip 60467

Telephone [redacted] Email mahmoud.z@mmprx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		x

Applicant's initials MZ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago - College of Pharmacy		08/02 - 05/06	
Address: 833 S. Wood St. MC 874	City: Chicago	State: IL	Zip: 60612
Diploma/Degree obtained, if any: PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		08/99-05/02	
Address: 1200 West Harrison St.	City: Chicago	State: IL	Zip: 60607
Diploma/Degree obtained, if any: Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Carl Sandburg High School		08/95 - 06/99	
Address: 13300 S. LaGrange Road	City: Orland Park	State: IL	Zip: 60462
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/95 - Present	[redacted] Kingsport Road	Orland Park	IL	60467
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Medication Management Partners, LLC			From - To (MM/YY – MM/YY): 01/19 - Present	
Business Address: 13601 Kenton	City: Crestwood		State: IL	Zip: 60418
Phone: 877-752-8046	Title: Director of Operations/PIC		Number of Employed Hours: 7200	
Description of Duties: Direct day to day operations of the pharmcy department as well as serving as the PIC				
Business Name: Walgreens			From - To (MM/YY – MM/YY): 10/12-01/19	
Business Address: 11981 W. 143rd Street	City: Orland Park		State: IL	Zip: 60467
Phone: 708-403-9221	Title: Pharmacy Supervisor		Number of Employed Hours: 18000	
Description of Duties: Provide district leadership of pharmacy staff for 25 stores				
Business Name: Walgreens			From - To (MM/YY – MM/YY): 10/06-10/12	
Business Address: 13023 W. LaGrange Road	City: Palos Park		State: IL	Zip: 60464
Phone: 708-361-2291	Title: Pharmacy Manager		Number of Employed Hours: 15600	
Description of Duties: Manage day to day operations of the pharmacy department and staff				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MZ.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/14/21
Date

Applicant's initials MA

I, Mahmoud Zegar, certify that as the designated representative for Medication Management Partners, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mahmoud Zegar
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/21
Date

Applicant's initials MZ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mahmoud Zegar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, MAHMOUD ZEGAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/14/21

Date

Subscribed and Sworn to before me this 14th day of DECEMBER.

Notary Public Signature

OFFICIAL SEAL
STEVEN M CLOH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/31/24

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medication Management Partners, LLC

Physical Address: 13601 Kenton Ave

City: Crestwood State: IL Zip: 60418

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7087528000 Website: mmprx.com

Licensing Company Email: mmprx@mmprx.com

Section 2: Personal Information

First: David Middle: Last: Doubek

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Ute Lane

City: Palos Heights State: IL Zip: 60463

Telephone: [redacted] Email: david@mmprx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: DD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Creighton University		08/87-12/91	
Address	City	State	Zip
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
BSBA Finace			

School Name		From - To (MM/YY – MM/YY)	
Marist High School		08/83-5/87	
Address	City	State	Zip
4200 W 115th St	Chicago	IL	60655
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/07-Current	[redacted] W. Ute Lane	Palos Heights	IL	60463
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Doubek Management, LTD			08/93-Current	
Business Address		**City**	**State**	**Zip**
11350 S. Cicero Ave		Alsip	IL	60803
Phone	**Title**			
708-293-1122	President			
Description of Duties				
Finance & Operations				

Business Name			From - To (MM/YY – MM/YY)	
Doubek Medical Supply, Inc			08/93-Current	
Business Address		**City**	**State**	**Zip**
11350 S. Cicer Ave		Alsip	IL	60803
Phone	**Title**			
708-293-1122	Owner			
Description of Duties				
Finance & Operations				

Business Name			From - To (MM/YY – MM/YY)	
Medication Management Partners, LLC			09/09-Current	
Business Address		**City**	**State**	**Zip**
13601 Kenton Ave		Crestwood	IL	60418
Phone	**Title**			
708-752-8000	Owner & President			
Description of Duties				
Finance & Operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David J. Doubek

Print Name (First, Last)

Original Signature (~~electronic~~, copies or stamps not accepted)

2/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, David J. Doubek, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/2022

Date

Subscribed and Sworn to ~~before me~~ this 14th day of February

Notary Public Signature

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 5/11/2026

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medication Management Partners, LLC

Physical Address: 13601 Kenton Ave

City: Crestwood State: IL Zip: 60418

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7087528000 Website: mmprx.com

Licensing Company Email: mmprx@mmprx.com

Section 2: Personal Information

First: Labinot Middle: Last: Avdiu

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Deerpath Lane

City: LaGrange Park State: IL Zip: 60526

Telephone: [redacted] Email: labi@mmprx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: LA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Oklahoma Health Sciences Center - College of Pharmacy		08/00-05/04	
Address: 1110 N Stonewall Ave	City: Oklahoma City	State: OK	Zip: 73117
Diploma/Degree obtained, if any: Pharm.D			

School Name		From - To (MM/YY – MM/YY)	
University of Oklahoma		08/97-05/00	
Address: 550 Parrington Oval	City: Norman	State: OK	Zip: 73019
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Baylor University		08/96-05/97	
Address: 1301 S. University Parks Drive	City: Waco	State: TX	Zip: 76798
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Western Heights High School		08/94-05/96	
Address: 8201 SW 44th St	City: Oklahoma City	State: OK	Zip: 73179
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/09-present	[redacted]Deerpath Lane	La Grange Park	IL	60526
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials LA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medication Management Partners			05/15 - present	
Business Address		City	State	Zip
13601 Kenton Ave		Crestwood	IL	60418
Phone	Title			
708-752-8000	CEO			
Description of Duties				
administrative				

Business Name			From - To (MM/YY – MM/YY)	
Doubek Pharmacy and Medical Supply			04/09-05/15	
Business Address		City	State	Zip
11350 S Cicero Ave		Alsip	IL	60803
Phone	Title			
708-293-1122	Director of Pharmacy			
Description of Duties				
Managed pharmacy operation				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

2/8/2022

Date

Applicant's initials LA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Labinot Avdiu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/8/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Labinot Avdiu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/8/2022

Date

Subscribed and Sworn to before me this 8th day of February

Notary Public Signature

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 5/11/2026

(Seal)

Applicant's initials LA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medication Management Partners, LLC

Physical Address: 13601 Kenton Ave

City: Crestwood State: IL Zip: 60418

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7087528000 Website: mmprx.com

Licensing Company Email: mmprx@mmprx.com

Section 2: Personal Information

First: Thomas Middle: Last: Doubek

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Arlington St

City: LaGrange State: IL Zip: 60525

Telephone: [redacted] Email: tom@doubekmedical.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: TD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Marist High School		09/79-05/83	
Address	**City**	**State**	**Zip**
4200 W 115th St.	Chicago	IL	60655
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
University Of Wisconsin- Whitewater		09/83-12/83	
Address	**City**	**State**	**Zip**
800 W Main St.	Whitewater	WI	53190
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Moraine Valley Community College		01/84- 05/84	
Address	**City**	**State**	**Zip**
9000 College Pkwy	Palos Hills	IL	60465
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
St. Louis College of Pharmacy		09/84-12/85	
Address	**City**	**State**	**Zip**
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY	
DePaul University		09/86- 12/90	
Address	**City**	**State**	**Zip**
2400 N Sheffield Ave.	Chicago	IL	60614
Diploma/Degree obtained, if any			
Bachelors Degree			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/04- Current Day	[redacted] Arlington	LaGrange	IL	60525
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Doubek Medical Supply			04/18- Current Day
Business Address	**City**	**State**	**Zip**
11350 S. Cicero Ave.	Alsip	IL	60803
Phone	**Title**		
708-293-1122	Principal		
Description of Duties			
Run day-to-day operations at the company.			

Business Name			From - To (MM/YY – MM/YY)
Doubek Medical Supply			06/91-04/18
Business Address	**City**	**State**	**Zip**
11350 S. Cicero Ave.	Alsip	IL	60803
Phone	**Title**		
708-293-1122	VP of Sales		
Description of Duties			
In charge of all Sales, Sales People and Marketing within the company.			

Business Name			From - To (MM/YY – MM/YY)
Doubek Pharmacy			06/91- 06/17
Business Address	**City**	**State**	**Zip**
3846 W 63rd St.	Chicago	IL	60629
Phone	**Title**		
312-581-1122	Partial Owner		
Description of Duties			
Owned stock.			

Business Name			From - To (MM/YY – MM/YY)
Medication Management Partners, LLC			10/09- Current Day
Business Address	**City**	**State**	**Zip**
13601 Kenton Ave.	Crestwood	IL	60418
Phone	**Title**		
877-752-8042	Partial Owner		
Description of Duties			
Own stock and sit on Board of Directors.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials TD

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials TD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Doubek

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of IL, ss. County of Cook

I, Thomas Doubek, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/11/2022

Date

Subscribed and Sworn to before me this 11th day of February

Notary Public Signature

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 5/11/2026

(Seal)

Applicant's initials TD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medication Management Partners, LLC

Physical Address: 13601 Kenton Ave

City: Crestwood State: IL Zip: 60418

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7087528000 Website: mmprx.com

Licensing Company Email: mmprx@mmprx.com

Section 2: Personal Information

First: Debra Middle: Last: Meehan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] S. 70th Ave

City: Palos Heights State: IL Zip: 60463

Telephone: [redacted] Email: deb@mmprx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: DM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Creighton University School of Pharmacy		8/1987 - 5/1991	
Address	**City**	**State**	**Zip**
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Creighton University		8/1985 - 5/1987	
Address	**City**	**State**	**Zip**
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Mother McAuley Liberal Arts High School		8/1981 - 5/1985	
Address	**City**	**State**	**Zip**
3737 W. 99th Street	Chicago	IL	60655
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/1997 - current	[redacted] S. 70th Avenue	Palos Heights	IL	60463
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medication Management Partners, LLC			10/2009 - 5/2018	
Business Address	**City**		**State**	**Zip**
13601 Kenton Ave	Crestwood		IL	60418
Phone	**Title**			
7087528000	President			
Description of Duties				
Leadership, management and operations				

Business Name			From - To (MM/YY – MM/YY)	
Medication Management Partners, LLC			10/2009 - current	
Business Address	**City**		**State**	**Zip**
13601 Kenton Ave	Crestwood		IL	60418
Phone	**Title**			
7082931122	Partner and board member			
Description of Duties				
Leadership				

Business Name			From - To (MM/YY – MM/YY)	
Doubek Medical Supply, Inc			4/1997 - current	
Business Address	**City**		**State**	**Zip**
11350 S. Cicero Ave	Alsip		IL	60803
Phone	**Title**			
7082931122	Partner and board member			
Description of Duties				
Leadership				

Business Name			From - To (MM/YY – MM/YY)	
Doubek Medical Supply, Inc			3/2008 - 5/2012	
Business Address	**City**		**State**	**Zip**
11350 S. Cicero Ave	Alsip		IL	60803
Phone	**Title**			
7082931122	VP			
Description of Duties				
Leadership				

Business Name			From - To (MM/YY – MM/YY)	
Doubek Pharmacy, Inc			4/1997 - 3/2010	
Business Address	**City**		**State**	**Zip**
11350 S. Cicero Ave	Alsip		IL	60803
Phone	**Title**			
7082931122	VP			
Description of Duties				
Director of Pharmacy and owner				

Continue on next page if additional space is needed.

Applicant's initials DM

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Debra Meehan

Print Name (First, Last)

Debra Meehan

Original Signature (electronic, copies or stamps not accepted)

2/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, DEBRA MEEHAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Debra Meehan

Original Signature

2/9/2022

Date

Subscribed and Sworn to before me this 9th day of February

Notary Public Signature

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 5/11/2026

(Seal)

Applicant's initials DM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medication Management Partners, LLC

Physical Address: 13601 Kenton Ave

City: Crestwood State: IL Zip: 60418

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7087528000 Website: mmprx.com

Licensing Company Email: mmprx@mmprx.com

Section 2: Personal Information

First: Brian Middle: Last: Cloch

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ■ M ☐ F ☐ X

Mailing Address: [redacted] Long Cove Court

City: Riverwoods State: IL Zip: 60015

Telephone: [redacted] Email: bcloch@clochmgmt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NILES TOWNSHIP NORTH		08/77-06/81	
Address	**City**	**State**	**Zip**
9800 Lawler	Skokie	IL	60077
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Loyola University		08/81-05/85	
Address	**City**	**State**	**Zip**
1032 W Sheridan Rd,	Chicago	IL	60660
Diploma/Degree obtained, if any			
BA Finance			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/95-present	[redacted] Long Cove Court	Riverwoods	IL	60015
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Transitional Care Management			2/09-present	
Business Address		**City**	**State**	**Zip**
5 Revere Drive		Northbrook	IL	60062
Phone	**Title**			
847.309.6000	CEO			
Description of Duties				
responsible for managing company's overall operations.				

Business Name			From - To (MM/YY – MM/YY)	
Pathway to Living				
Business Address		**City**	**State**	**Zip**
30 S. WACKER DRIVE, SUITE 1300		Chicago	IL	60606
Phone	**Title**			
847.309.6000	Member of LLC			
Description of Duties				
A member of LLC without any direct duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/24/2022
Date

Applicant's initials BC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Cloch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Brian Cloch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/24/2022

Date

Subscribed and Sworn to before me this 24th day of February

Notary Public Signature

OFFICIAL SEAL
DONNA M ZIMMER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 5/11/2026

(Seal)

Applicant's initials BC

4EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*	PH PH03167	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmaceutical Care Solutions, Inc. dba Pharmacy Solutions

Physical Address: 5204 Jackson Rd., Ste C

City: Ann Arbor State: MI Zip: 48103

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 877-797-6567 Toll Free # (NAC 639.708, NRS 639.23286): 877-797-6567

Fax: 877-274-3919 Contact Email: jessica.michieli@belmarpharma.com

Website: www.pharmacysolutionsonline.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Theresa Oreilly Meyer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21846

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

9am-6pm Monday through Friday. On call pharmacist with access to patient records available all hours outside standard business hours.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Theresa O. Meyer	NV Pharmacist Registration #: 21846
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Attached #1

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Michigan

Parent Company (if any): Belmar Midco, Inc.

Corporation/Organization Name: Pharmaceutical Care Solutions, Inc. dba Pharmacy Solutions

Mailing Address: 5204 Jackson Rd., Ste. C

City: Ann Arbor State: MI Zip: 48103

Telephone: 877-797-6567 Email: jessica.michieli@belmarpharma.com

Contact Person Name: Jessica Michieli

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Pharmaceutical Care Solutions, Inc. dba Pharmacy Solutions (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Theresa Oreilly Meyer

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/15/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Theresa Oreilly Meyer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Pharmaceutical Care Solutions, Inc. dba Pharmacy Solutions (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of February, 20 22

Notary Public

MARLEYN A EDER
Notary Public - State of Michigan
County of Washtenaw
My Commission Expires May 25, 2027
Acting in the County of Washtenaw

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Theresa Oreilly Meyer Pharmacist Registration #: 21846

Pharmacy Name: Pharmaceutical Care Solutions, Inc. dba Pharmacy Solutions

Initial each statement below to indicate you have read and agree with the following:

TM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date 2/15/22

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Kilgore

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Robert Kilgore

Original signature of Authorized Person (copies or stamps not accepted)

2/15/2022

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 1109 Processed 3/11/22

Pharmacy SOLUTIONS
Making Personal Possible

5204 Jackson Road, Suite C Ann Arbor, MI 48103
Pharmacy Phone: 734.821.8000 Fax: 734.821.8001
Email: info@pharmacysolutionsonline.com
www.PharmacySolutionsOnline.com

To Whom It May Concern:

Below is a self-report of *all* licensing disciplinary matters for Pharmacy Solutions, Ann Arbor, Michigan.

- **Virginia.** Consent Order dated 12/29/15. Permit No. 0214-001678. Consent Order entered on 3/30/2016. Fine paid: $1,500.00. **Previously self-reported.** This matter was based on the pharmacy's shipment of a number of prescriptions into Virginia without an appropriate license. Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter, and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken. Pharmacy Solutions has since obtained a license in Virginia that has not been placed on probation, suspended, revoked, or otherwise limited in any way.
- **Minnesota.** Consent Order dated 10/5/2015. License No. 264588. Fine paid: $1,250.00. **Previously self-reported.**
  This matter was based on the pharmacy's shipment of five prescriptions into Minnesota without a license. Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter, and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken. Pharmacy Solutions has since obtained a license in Minnesota that has not been placed on probation, suspended, revoked, or otherwise limited in any way.
- **Illinois.** Consent Order dated 10/11/2016. License No. 054-017765. Fine paid: $1,500.00. **Previously self-reported.**
  This matter was a *sister-state disciplinary action that was based on the Virginia Consent Order*. Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter, and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken.
- **Michigan.** Consent Order dated 7/19/2016. License No. 53-01-007408. Fine paid: $500.00. **Previously self-reported.**
  This matter was a *sister-state disciplinary action that was based on the Virginia Consent Order.* Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter, and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken.

- **Texas**. Consent Order dated 5/2/2017. License No. 29417. Reprimand only. **Previously self-reported.**
  This matter was an *iterative sister-state disciplinary action that was based on the Virginia Consent Order*, the Minnesota Consent Order, and the Illinois Consent Order based on the Virginia matter. Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter, and a reprimand was issued. There was no additional disciplinary action taken.
- **Alabama.** Consent Order dated 11/14/2017. Permit No. 114802. Fine paid: $1,500.00. **Previously self-reported.**
  This matter was a *sister-state disciplinary action that was based on the Virginia Consent Order* and self-reported to the Alabama State Board of Pharmacy. Pharmacy Solutions cooperated fully, entered into a Consent Order to resolve the matter and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken.
- **Maryland.** Consent Order dated 11/18/2018. Permit No. P06838. Fine paid: $1,500.00. **Previously self-reported**.
  This matter was originally a *sister-state disciplinary action that was based on the Virginia Consent Order.* Pharmacy Solutions entered into a Consent Order to resolve the matter, a reprimand was issued, and Pharmacy Solutions paid a small monetary fine to fully resolve it.
- **Alabama.** Consent Order dated 2/10/2021. Permit No. 114802. Fine paid: $1,500.00. **New report.**
  This matter was a *sister-state disciplinary action that was ultimately based on the Virginia Consent Order*. **In 2017, the Alabama State Board of Pharmacy took action against Pharmacy Solutions based on the 2015 Virginia Consent Order *directly* (see above). The Alabama Consent Order entered into in 2021 was predicated on the Maryland Consent Order which was predicated on the Virginia Consent Order.** Pharmacy Solutions entered into a Consent Order to resolve the matter and paid a small monetary fine to fully resolve it. There was no additional disciplinary action taken. *The Alabama Board of Pharmacy stated through its Attorney that it would not take any further action against Pharmacy Solutions based on sister-state actions arising out of, or attendant to, the 2015 Virginia Consent Order.*

It is Pharmacy Solutions' sincere hope that the various State Boards of Pharmacy will elect to employ their *discretionary* powers and *decline* to initiate any more additional sister-state actions based on the above Consent Orders. All pharmacy licenses for Pharmacy Solutions in all noted states are current and in good standing. Pharmacy Solutions has a full-time Compliance Officer on staff and compliance software to prevent shipment of prescriptions into states for which it does not hold a non-resident pharmacy license. It has also retained Compliance Counsel to assist with compliance and risk prevention matters.

Thank you for your time and consideration. Should you have any comments or questions regarding these matters, please feel free to contact me.

Sincerely,

Sahar Z. Swidan, Pharm.D., BCPS, ABAAHP, FAARFM, FACA
Chief Executive Officer
Pharmacy Solutions
5204 Jackson Rd, Suite C
Ann Arbor, MI 48103
Phone: 734-821-8000
Fax: 734-821-8001

P293252

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

PHARMACY SOLUTIONS
5204 JACKSON RD
SUITE C
ANN ARBOR, MI 48103

LICENSE NO.
5301007408

EXPIRATION DATE
8/2/2022

20098080441

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

P293814

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

PHARMACY SOLUTIONS
5204 JACKSON RD
SUITE C
ANN ARBOR, MICHIGAN 48103

LICENSE NO.
5315007607

EXPIRATION DATE
8/2/2022

20098080422

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PHARMACEUTICAL CARE SOLUTIONS, INC.

was validly incorporated on August 22 , 2000 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of February , 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22020108108

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate

Ownership Information for Pharmaceutical Care Solutions, Inc., DBA Pharmacy Solutions

Pharmaceutical Care Solutions, Inc., DBA Pharmacy Solutions
5204 Jackson Rd., Ste. C
Ann Arbor, MI 48103
Ph: 877-797-6567
Fx: 877-274-3919

Officers and Directors for Pharmaceutical Care Solutions, Inc., DBA Pharmacy Solutions:

- David W. Hill, CEO and President
  [redacted] S. Columbine Cir.
  Englewood, CO 80113
  [redacted]
  SSN: [redacted]
  DOB: [redacted]

- Robert J. Kilgore, CFO and Vice President
  [redacted] Avalanche St.
  Littleton, CO 80125
  [redacted]
  SSN: [redacted]
  DOB: [redacted]

- David P. Malm, Secretary, Treasurer and Director
  [redacted] Boylston Street, #9009
  Boston, MA 02116
  [redacted]
  SSN: [redacted]
  DOB: [redacted]

Pharmaceutical Care Solutions, Inc., DBA Pharmacy Solutions will be wholly owned by Belmar MidCo, Inc.

Belmar MidCo, Inc.
231 Violet St., Ste 100
Golden, CO 80401
(720) 531-5364

Officers and Directors of Belmar MidCo, Inc.:

- David W. Hill, CEO and President
- Robert J. Kilgore, CFO and Vice President
- David P. Malm, Secretary, Treasurer and Director

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharmaceutical Care Solutions, Inc. d/b/a Pharmacy Solutions

Physical Address: 5204 Jackson Road, Suite C

City: Ann Arbor State: MI Zip: 48103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-797-6567 Website: www.pharmacysolutionsonline.com

Licensing Company Email: Jessica.Micheili@belmarpharma.com

Section 2: Personal Information

First: Theresa Middle: Oreilly Last: Meyer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ■ F ☐ X

Mailing Address: 5204 Jackson Road, Suite C

City: Ann Arbor State: MI Zip: 48103

Telephone: 877-797-6567 Email: tmeyer@pharmacysolutionsonline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: TM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		05/1997-05/2020	
Address	City	State	Zip
	Detroit	MI	
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Eastern Michigan University		05/1992-05/1995	
Address	City	State	Zip
	Ypsilanti	MI	
Diploma/Degree obtained, if any			
BS Biochemistry/Toxicology			

School Name		From - To (MM/YY – MM/YY)	
Brighton High School			
Address	City	State	Zip
	Brighton	MI	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2009 - Present	[redacted]Dellwood Dr.	Ann Arbor	MI	48103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2007-12/2009	[redacted]Newport Rd.	Ann Arbor	MI	48103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Pharmacy Solutions			05/16-Present
Business Address	**City**	**State**	**Zip**
5204 Jackson Rd., Suite C	Ann Arbor	MI	48103
Phone	**Title**	**Number of Employed Hours**	
734-821-8000	Pharmacist in Charge	40	
Description of Duties			
Place and take doctor calls, create schedule for employees, create and check formulas, check compounds, create/review Patient Advisory Leaflets, review Quality Related Events, check prescriptions, manage employees, counsel patients			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Speciality Pharmacy			08/2009-04/2016
Business Address	**City**	**State**	**Zip**
41460 Haggerty Circle South	Canton	MI	48188
Phone	**Title**	**Number of Employed Hours**	
888-282-5166	Staff and Team Lead Pharmacist	40	
Description of Duties			
Counsel patients, maintain REMs programs, verified adherence to multi-state laws and regs, conducted delegated review for select insurance companies, trained/supervised pharmacists, interns and technicians, assisted in pharmacy audits			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/16/22
Date

Applicant's initials TM

I, Theresa Meyer, certify that as the designated representative for Pharmaceutical Care Solutions, Inc. d/b/a Pharmacy Solutions,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Theresa Meyer

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

3/16/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Theresa Meyer

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

3/16/22

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Washtenaw

I, Marleyn Eder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/16/22

Date

Subscribed and Sworn to before me this 16 day of March 2022

Notary Public Signature

MARLEYN A EDER
Notary Public - State of Michigan
County of Washtenaw
My Commission Expires May 25, 2027
Acting in the County of Washtenaw

MARLEYN A EDER
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 25, 2027
STATE OF MICHIGAN

(Seal)

Applicant's initials TM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Pharmaceutical Care Solutions, Inc. d/b/a Pharmacy Solutions

Physical Address: 5204 Jackson Road, Suite C

City: Ann Arbor State: MI Zip: 48103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-797-6567 Website: www.pharmacysolutionsonline.com

Licensing Company Email: Jessica.Micheili@belmarpharma.com

Section 2: Personal Information

First: Theresa Middle: O'Reilly Last: Meyer

Alias(es, nicknames, name changes, etc.): Theresa Ellen O'Reilly

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 5204 Jackson Road, Suite C

City: Ann Arbor State: MI Zip: 48103

Telephone: 877-797-6567 Email: tmeyer@pharmacysolutionsonline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: TM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		05/1997 - 05/2000	
Address	City	State	Zip
	Detroit	MI	
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Eastern Michigan University		05/1992 - 05/1995	
Address	City	State	Zip
	Ypsilanti	MI	
Diploma/Degree obtained, if any			
BS Biochemistry/Toxicology			

School Name		From - To (MM/YY – MM/YY)	
Brighton High School			
Address	City	State	Zip
	Brighton	MI	48116
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2009 - Present	[redacted] Dellwood Dr	Ann Arbor	MI	48103
05/2007 - 12/2009	[redacted] Newport Rd	Ann Arbor	MI	48103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Pharmacy Solutions			05/16 - Present
Business Address	**City**	**State**	**Zip**
5204 Jackson Rd Suite C	Ann Arbor	MI	48103
Phone	**Title**		
734-821-8000	Pharmacist-In-Charge		

Description of Duties

Place and take doctor calls, create schedule for employees, create formulas, check formulas, check compounds, create and review Patient Advisory Leaflets, review Quality Related Events, check prescriptions, manage employees, counsel patients

Business Name			From - To (MM/YY – MM/YY)
Walgreens Specialty Pharmacy			08/2009 - 04/2016
Business Address	**City**	**State**	**Zip**
41460 Haggerty Circle South	Canton	MI	48188
Phone	**Title**		
888-282-5166	Staff and Team Lead Pharmacist		

Description of Duties

Consel patients, maintain REMs programs, verified adherence to multi-state laws and regulations, conducted delegated review for select insurance companies, trained and supervised other pharmacists, interns and technicians, assisted in pharmacy audits.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/07/2022
Date

Applicant's initials TM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Theresa Meyer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/07/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Washtenaw

I, Theresa O'Reilly Meyer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/07/2022

Date

Subscribed and Sworn to before me this 7 day of 2022 March

Notary Public Signature

MARLEYN A EDER
Notary Public - State of Michigan
County of Washtenaw
My Commission Expires May 25, 2027
Acting in the County of Washtenaw

(Seal)

Applicant's initials TM

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	783136		**Inspection Information**
Legal Business Name:	Pharmaceutical Care Solutions, Inc	**Conference Call Date:**	2/2/2021
Doing Business As (DBA):	Pharmacy Solutions	**Start Time: 24-hour format (13:00)**	16:05
Address:	5204 Jackson Road, Suite C	**End Time: 24-hour format (13:00)**	17:10
City:	Ann Arbor	**Onsite Inspection Date:**	2/3/2021
State:	MI	**Start Time: 24-hour format (13:00)**	10:45
Zip Code:	48103	**End Time: 24-hour format (13:00)**	14:50
Telephone number:	(734)821-8000	**Inspector Name:**	Dhafer Almaklani
Toll free number:	877 797 6567	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	(734) 821-8001	**Observer Name/Affiliation (if applicable):**	NA
Website:	www.pharmacysolutionsonline.com	**Observer Name/Affiliation (if applicable):**	NA

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	9:00	18:00	
Tuesday	9:00	18:00	
Wednesday	9:00	18:00	
Thursday	9:00	18:00	
Friday	9:00	18:00	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Sahar Swidan	sswidan@pharmacysolutionsonline.com	605308
Nonsterile Compounding Supervisor	Sahar Swidan	sswidan@pharmacysolutionsonline.com	605308
Sterile Compounding Supervisor	N/A	N/A	N/A
Hazardous Compounding Supervisor	Sahar Swidan	sswidan@pharmacysolutionsonline.com	605308

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Sahar Swidan	PIC	y
2	Christine Robertson	Compliance Officer	y
3	Marlene Eder	Office Manager	y
4	Eihab Swidan	Staff Pharmacist	y
5	Jennifer Choi	Staff Pharmacist	y
6	Sherri Reveire	Staff Pharmacist	y
7	Theresa Meyer	Staff Pharmacist	y
8	Chris Robertson	Pharmacy Technician	y
9	Ashley Gadomski	Pharmacy Technician	y
10	Destinee Kern	Pharmacy Technician	y
In addition there are 8 pharmacy technicians and 1 shipping clerk			

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Pharmacy/State of Michigan LARA	Pharmaceutical Care Solutions, Inc	Pharmacy/5301007408	8/2/2022
CS Pharmacy/State of Michigan LARA	Pharmaceutical Care Solutions, Inc	Controlled Substance-Pharmacy/5315007607	8/2/2022
CS Wholesaler/State of Michigan LARA	Pharmaceutical Care Solutions, Inc	Controlled Substance-Wholesaler/5315029179	8/14/2021
WD/State of Michigan LARA	Pharmaceutical Care Solutions, Inc	Wholesale Distributor/5306002465	8/14/2021
DEA/US Dept of Justice	Pharmaceutical Care Solutions, Inc	DEA/BP7424562	3/31/2022
The pharmacy holds non-resident pharmacy licenses in 38 states. Pharmacy also holds a Wholesale Distributor license but does not use. According to PIC, State of Michigan recommended the license but they have not used it. Majority of dispensed prescriptions are non-sterile compounded, including hazardous drugs. Pharmacy has dedicated area for non-sterile compounding. HD compounding is currently being performed in the same area, within powder containment hoods that are not externally vented. Per Compliance Manager, pharmacy is in the process of building out a separate area for HD compounding that will be USP 800 compliant. Pharmacy is not performing continuous temperature/humidity monitoring and assuring DSCSA compliance (specifically, suspect/illegitimate investigations and obtaining transaction data). Pharmacy also dispenses Progesterone 100mg capsules using E4M without documented medical need.			

2681

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Attachments

(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	X
Investigational Drugs, Clinical Trials/Research	X	Provide products for "Office Use"	X
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	3800	Total Pharmacists:	3 fulltime, 2 parttime
Nonsterile Compounding Room size:	800	Number of Compounding Pharmacists	5
Nonsterile Compounding powder hoods number:	7	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Student Interns:	1
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	11 fulltime
Sterile Compounding Ante Room size:	0	Number of Compounding Technicians	5
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	8
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	2
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	1
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	10:3
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	152
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	440

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	110	Total Orders Distributed/day:	0
% Veterinary Prescriptions	5%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	10%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	85%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	35%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL	11	0	/month (last 30 days)
AR			
AZ	50	0	/month (last 30 days)
CA	173	0	/month (last 30 days)
CO	44	0	/month (last 30 days)
CT	9	0	/month (last 30 days)
DC	5	0	/month (last 30 days)
DE			
FL	438	0	/month (last 30 days)
GA	37	0	/month (last 30 days)
HI			
IA	15	0	/month (last 30 days)
ID	4	0	/month (last 30 days)
IL	271	0	/month (last 30 days)
IN	215	0	/month (last 30 days)
KS			
KY	12	0	/month (last 30 days)
LA	1	0	/month (last 30 days)
MA	13	0	/month (last 30 days)
MD	26	0	/month (last 30 days)
ME	4	0	/month (last 30 days)
MI	747	0	/month (last 30 days)
MN	146	0	/month (last 30 days)
MO	17	0	/month (last 30 days)
MS			
MT			

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	16	0	/month (last 30 days)
ND			
NE	3	0	/month (last 30 days)
NH	5	0	/month (last 30 days)
NJ	67	0	/month (last 30 days)
NM	10	0	/month (last 30 days)
NV	58	0	/month (last 30 days)
NY	111	0	/month (last 30 days)
OH	33	0	/month (last 30 days)
OK	9	0	/month (last 30 days)
OR	19	0	/month (last 30 days)
PA	19	0	/month (last 30 days)
RI	7	0	/month (last 30 days)
SC			
SD			
TN	12	0	/month (last 30 days)
TX	119	0	/month (last 30 days)
UT	3	0	/month (last 30 days)
VA	53	0	/month (last 30 days)
VT			
WA	11	0	/month (last 30 days)
WI	109	0	/month (last 30 days)
WV	1	0	/month (last 30 days)
WY			
Other:	4 (PR)	0 (PR)	/month (last 30 days)

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pharmaceutical Care Solutions, Inc dba Pharmacy Solutions
e-Profile ID: 783136
Inspection Date: 02/02/2021 - 02/03/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	Pharmacy occupies a suite in a plaza. Other businesses include: Ann Arbor Stone and Tile, Nail-Bar, and Leisure Works Hot Tubs & Swim Spas
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Via patient portal
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Christine Robertson-Compliance Manager, Eihab Swidan-Staff Pharmacist, Marlene Eder-Office Manager, Destinee Kern-Pharmacy Technician
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	<1%, MI only
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	Has wholesale Distributor license, but does not use.

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13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	Posted in binder at pharmacy entrance
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	3/30/2017, no routine inspections
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Pharmacy technician licenses must be posted, which has been corrected.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	Yes	Wholesale Distributor License
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	FDA visited 01/15/2020 no form 483 issued
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	PCAB, 03/22/2019
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	No	Onsite 1 year, offsite Iron Mountain for 9 years
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	electronically
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	electronically
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Audit trail in system, can deactivate prescription but not delete.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Iron Mountain
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Best practices, no specific policy to address.

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		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Maintained in excel sheet and licenses posted in binder.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	No	No periodic validation. HR manager, checks 2 months prior to expiration.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	Yes	Pharmacist Board certified in Geriatrics, PIC certified in Anti-Aging and functional medicine.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Wolverine Alarm, motion sensors and cameras throughout.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	Locked safe
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacist would remain onsite until secure
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction on site

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		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Pharma logistics
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	According to compliance manager the pharmacy uses "blue" barrels issued by Washtenaw County, and are pick up by Drug Disposal, Inc when full, usually every 3 months. Reverse distributor is contracted by the county not the pharmacy.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	private office
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	No	Thermostatically controlled. Drug Storage Area #1: 74.8F, Drug Storage Area #2: 67.1 (out of USP range), Lab Area #1: 70.3F, Lab Area #2: 71.1F
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Temperature recorded once daily in record management system, maintained indefinitely.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Pharmacist check stability data and contact manufacturer
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Temperature recorded once daily in record management system, maintained indefinitely.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Fridge #1: 39F, Fridge #2: 40F
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Would bring in emergency portable generators.

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		Finding	Notes
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Bring in emergency portable generators if needed, contact on call HVAC repair service.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Check license on State website, VAWD accreditation, and FDA website, per office manager.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Amerisource Bergen, Anda
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Primarily use Amerisource Bergan
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Verify on state website, per office manager
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Check FDA website, per office manager
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	No	No process in place

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		Finding	Notes
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None per PIC and Compliance Manager
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	No process to ensure transaction data is received. Personnel were not aware of how to retrieve data.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	No	No process in place
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	PIC and 2 pharmacists: Eihab Swidan, Theresa Meyer
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory, for all drug products
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	DEA

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55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Reconciled with each dispensing and random checks by PIC
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	06/11/2020, annually
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	Yes	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	No	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Once monthly, includes OTC items
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	All checked drugs where within date
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Technicians enter patient profile, updated with each fill or encounter
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Separate field in computer system to indicate species, and owner last name
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Look at fax header, verify provider with NPI and DEA, ensure prescription has all requirements, call and verify any suspected fraudulent prescriptions
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Verify with provider and reported to local law enforcement if needed.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Pharmacy mainly uses 10 to 12 established providers, who have been vetted and visited. Would also look at addresses of patient and provider.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	No	Have one provider, where e-prescriptions are coming over as "not signed", due to system issue that is being worked on. For those prescriptions pharmacy calls provider office for validation.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist verifies at PV1
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	At PV1

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General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pharmaceutical Care Solutions, Inc dba Pharmacy Solutions
e-Profile ID: 783136
Inspection Date: 02/02/2021 - 02/03/2021

		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Trissels, APhA drug compendium, Micromedex, Lexicomp, Plumbs Veterinary Handbook
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Automated system uploads data to each state, per regulations
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented in system, only pharmacist can override.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	PIC unsure of database used.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	No	Use manual DUR as an added check to system DUR, not documented
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	Yes	Plumbs Veterinary Handbook
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist at PV2

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		Finding	Notes
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	PK Software, password protected by job function
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Iron Mountain
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information sent to patient
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information sent to patient
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed automatically
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Printed automatically
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Documented in patient profile
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	After hours call service
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	Yes	

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		Finding	Notes
86.01	Does the take-back program include controlled substances?	No	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC, Compliance Manager, and HR Manager
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Documented same day, electronically in shared drive.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	

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		Finding	Notes
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Office Manger and Compliance Manager analyze weekly
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Quarterly meetings
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	MedWatch
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	No	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
	General Operations and Information		
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	N/A	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	N/A	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	

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		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	tablets, capsules, suspension, solutions, troches
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	creams, ointments, suppositories, nasal sprays
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	Yes	Vitamin B
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	Not currently but has in past for University of Michigan
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	Pharmacy dispenses Progesterone 100mg capsules using E4M without documented medical need. Exact volume not provided.
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	40%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	40%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	20%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	35%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	In process of building out clean room to support USP 800
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Electronically in system
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	5%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	Mainly Medisca, PCCA, Fagron, Letco, use Spectrum and Darmerica (occasionally)
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	

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16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	Yes	Ammonia, Tetrathiomelvidate (ATTM) from AAA Molybdenum, comes with COA and API tested by pharmacy.
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	ARL for potency
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		Not provided
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	No	Calibrated weekly with manual weights, and biannual certification
19.03	Describe the pharmacist checks for the measurement of each ingredient		PK software with integrated balance, and bar code scanning, checked by pharmacist.
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	

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		Finding	Notes
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**1**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	N/A	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	Non-Compliant	Not segregated
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	

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Nonsterile Compounding Inspection

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e-Profile ID: 783136
Inspection Date: 02/02/2021 - 02/03/2021

		Finding	Notes
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	N/A	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	N/A	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	Only pets
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	

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		Finding	Notes
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	N/A	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	N/A	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Inspection Date: 02/02/2021 - 02/03/2021

		Finding	Notes
Environment			
	Total Non-Compliant (Includes Unknowns)	**8**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Non-Compliant	HD compounding is currently being performed in powder containment hoods that are not externally vented. Pharmacy has plans to build out a separate area for HD compounding that will be USP 800 compliant.
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	N/A	
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	

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		Finding	Notes
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Non-Compliant	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Temperature is recorded once daily in record management system, maintained indefinitely.
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Non-Compliant	Drug Storage Area #2: 67.1 (out of USP range)
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Non-Compliant	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Temperature recorded once daily in record management system, maintained indefinitely.
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Non-Compliant	Observed humidity: 20.3% and 21% (outside of recommended range)
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Non-Compliant	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Humidity recorded once daily in record management system, maintained indefinitely.
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Non-Compliant	Observed humidity: 20.5% and 20.1% (outside of recommended range)

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Nonsterile Compounding Inspection

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		Finding	Notes
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Non-Compliant	No continuous monitoring in place, pharmacy uses digital thermometers but no min/max is set or recorded. Humidity recorded once daily in record management system, maintained indefinitely.
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**1**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Non-Compliant	Personnel sign off that they will minimize risk while handling HD's. Language does not address acknowledgment of risk.
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	

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		Finding	Notes
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Calibrated weekly with manual weights, and biannual certification
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	Certified annually
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	As needed, as least monthly
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	Separate utensil, glassware and equipment

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Inspection Date: 02/02/2021 - 02/03/2021

		Finding	Notes
Documentation			
	Total Non-Compliant (Includes Unknowns)	**1**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		

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		Finding	Notes
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Non-Compliant	No duplicate label
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	

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		Finding	Notes
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Observed: Bi-Est (Estriol/Estradiol) 1.25mg/GM cream
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "****Denial of Authorization****" form. List individual who signs the Denial of Authorization*		

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		Finding	Notes
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	**1**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	N/A	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	

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		Finding	Notes
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Non-Compliant	Missing time
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**1**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Non-Compliant	No documentation provided regarding disposal of HD drugs
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Pharmacy Name:	Pharmaceutical Care Solutions, Inc dba Pharmacy Solutions		
Pharmacy Address:	5204 Jackson Ave Suite C		
NABP Facility e-Profile ID:	783136		
VPP Inspection Date:	02/02/21 - 02/03/2021		

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response	VPP Inspection Report	VPP Inspection Report	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective	Attachment Included	Title of Document
Clarification or Further Explanation	11	39	Per USP 795 & USP 659 Excursions between 15° and 30° (59° and 86° F) that are experienced in pharmacies, hospitals, and warehouses, and during shipping are allowed.		Y	USP 795 - 659
Clarification or Further Explanation	11	39.01	Attached and according to USP 795 & USP 659, temperature can be continuously monitored or checked and recorded once daily. We are in compliance as we monitor and record the temps daily. We were in the process of implementing continuous monitoring but the items were delayed due to COVID. We have since received the thermometers and implemented continuous monitoring.	complete	Y	USP 795 - 659, SOP 6.01 & 6.013
Clarification or Further Explanation	11	41	We record temperatures manually twice daily, and we now have continious datalogging thermometers to alert the PIC if temperature falls out of range (36 -46 F). Furthermore, if we have a power failure, the alarm company also alerts the PIC. Refrigerated items would placed in a cooler with dry ice ASAP, PIC would then assess API's for stability and contact the companies if more information is needed. We were in the process of implementing continuous monitoring, but the items were delayed due to COVID. We have since received the thermometers and implemented continuous monitoring.	complete	Y	USP 795 - 659, SOP 6.01 & 6.013
Clarification or Further Explanation	12	47.08	If we receive a product that does not meet USP or professional assessment of integrity, we would not use it, and it would be placed into our quarantine area. We will report observation to wholesaler and follow further instructions based on issue identified such as a broken seal or out of spec COA. In the past, we had products investigated and restested by supplier and were immediately quarantined until investigation was completed.		Y	SOP 6.015, 2.02, 2.03, 2.03A
Clarification or Further Explanation	13	47.09	In the past, we had products investigated and restested by supplier and were immediately quarantined until investigation was completed.		Y	SOP 6.015, 2.02, 2.03, 2.03A
Clarification or Further Explanation	13	47.10	We have a policy to ensure transaction data (TH,TI,TS). We upload packing slip, COA and SDS to drug chemical inventory. We follow DSCSA Track & Trace guidelines and have a policy to verify API manufacturers are FDA registered & VAWD accredited		Y	SOP 6.015, 2.02, 2.03, 2.03A
Clarification or Further Explanation	13	47.11	This is also covered in the same SOP as above, all powders are examined before each use		Y	SOP 6.015, 2.02, 2.03, 2.03A
Clarification or Further Explanation	16	67.02	Basic patient demographics, current list of medications, vitamins and herbal supplements, and disease states when available are obtained when onboarding patients and added to patient profile. Also, at every patient interaction, we update current patient profile to assure we have the most up to date information when we perform DUR and our extensive clinical review. We also record all clinical interactions in the patient information tab of the patient profile for access by all pharmacy staff for coordination of care.		Y	Pharmacy Solutions Personal & Confidential Medical History

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Pharmacy Name:	Pharmaceutical Care Solutions, Inc dba Pharmacy Solutions		
Pharmacy Address:	5204 Jackson Ave Suite C		
NABP Facility e-Profile ID:	783136		
VPP Inspection Date:	02/02/21 - 02/03/2021		

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response	VPP Inspection Report	VPP Inspection Report	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective	Attachment Included	Title of Document
Clarification or Further Explanation	16	67.08	When a manual DUR is performed, the same information obtained in 67.02 is also obtained. Findings from the manual DUR are documented in the patient consultation tab.		Y	SOP 4.01
Clarification or Further Explanation	18	82.00	TIRF REMS-Procedures are in place		Y	Pharmacy Education TIRF REMS
Clarification or Further Explanation	23	6.00	We only compound vitamins that are a mixture for mitochondrial cocktails or other vitamins that are needed for patient specific reason such as allergy to filler, dye etc.			
Clarification or Further Explanation	23	9.00	We only make copies of commercially available drugs if they are on the drug shortage list or due to a specific patient need such as allergy to filler, dye etc. Inspector states that we make Progesterone 100mg E4M, the Progesterone we make is made with a different filler and is also longer lasting. The commercially available Progesterone is made with peanut oil, therefore it is not a copy of a commercially available drug. We will enforce documenting the medical need on each prescription as in past and going forward.		Y	SOP 1.04
Clarification or Further Explanation	23	9.01	See above, we check the drug shortage list and document the inability to obtain drug product from wholesaler. Once the product is available commercially, we cease compounding.		Y	SOP 1.04
Clarification or Further Explanation	23	9.02	See above, we check the drug shortage list and document the inability to obtain drug product from wholesaler. Once the product is available commercially, we cease compounding.		Y	SOP 1.04
Clarification or Further Explanation	25	19.01	List provided during inspection and attached here		Y	Equipment List
Clarification or Further Explanation	26	21.05	The products for veterinary compounding are not segregated but they are labeled, either by the manufacturer or our pharmacy. Veterinary drugs are labeled as "DNCH" which states DO NOT COMPOUND for HUMANS. See example label attached.		Y	Vet Label
Clarification or Further Explanation	29	38.00	We compound hazardous drugs in a BSC Class 1 that is not externally ventilated, however, they are ventilated into a heppa filter. Current guidance in USP 795 does not require external venting, however, we are in the process of building a room that will be USP 800 compliant.			
Clarification or Further Explanation	29	38.01	Our hoods are certified by Champion Air annually		Y	Hood certification reports & video of smoke tests
Clarification or Further Explanation	29	38.02	Our hoods are certified by Champion Air under dynamic conditions		Y	Hood certification reports & video of smoke tests

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – March 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS: Failure to meet controlled substance reporting requirements; failure to maintain adequate or accurate controlled substance records; inappropriate or unauthorized dispensing of medication; inappropriate acquisition or diversion of controlled substances/dangerous drugs. Practicing as a wholesaler without a license.	N/A	SS voluntarily surrendered his Pharmacist Certificate of Registration on August 2, 2021. SS may not apply for reinstatement of his pharmacist registration for a period of two (2) years; fined $5,000 and $595 in attorney's fees and costs.	PR: $10,000 fine; $1,785.77 in attorney's fees and costs.
KMC: Reprimanded for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	N/A	Licensed suspended.
DF: Disciplined in CA for diversion and use of controlled substances, specifically Oxycodone and Amphetamine-dextroamphetamine from the pharmacy where he was employed as the pharmacist-in-charge.	N/A	Revocation; the revocation is stayed, and DF is placed on probation until April 27, 2025, with conditions.	N/A
LH-S: Practicing without a valid CS registration; failure to maintain adequate or accurate controlled substance records.	N/A	CS registration is suspended; the suspension is stayed and LH-S is placed on probation for one year; fined $5,000.00; $500.00 in attorney's fees and recoverable costs; and shall successfully pass quarterly inspections; LH-S to reimburse the Board for quarterly inspection costs.	N/A
RW: Failure to comply with Board Order; failure to comply with PMP monitoring requirements.	N/A	CS registration is suspended immediately for a period of 180 days. RW shall be re-trained as a prescriber in the PMP and the previous probation period shall be extended to 48 months beginning immediately.	N/A
MC: Practicing without a valid CS registration.	N/A	Revocation; $715.87 in attorney's fees and recoverable costs. MC	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – March 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		may not petition the Board for reinstatement for a period of one year from the effective date of the Order.	
MD: Practicing without a valid CS registration.	N/A	Fined $5,000.00 and $750.00 in attorney's fees and recoverable costs. Required to appear before the Board if he applies for renewal of his CS registration.	N/A
LO-S: Practicing without a valid CS registration.	N/A	Revocation. LO-S may not petition the Board for reinstatement for a period of two years from the effective date of the Order. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall submit to an evaluation completed by the Nevada Professional Assistant Program or Professional Recovery Network.	N/A

5A

FILED
JUL 23 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALYSSA COCJIN,
Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947, TD01948,

SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and PD00727,

VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and PD00726,

EMILY GUERARD, MD,
Certificate of Registration Nos. CS27731 and PD27455,

SANTHOSH AMBIKA, MD,
Certificate of Registration Nos. CS24351 and PD27402,

TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and PD00723,

AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and PD00730, and

JUAN CATTONI, MD,
Certificate of Registration Nos. CS25036 and PD00728,

Respondents.

Case No. 20-109-TD-N
20-109-CS-A-N
20-109-CS-B-N
20-109-CS-C-N
20-109-CS-D-N
20-109-CS-E-N
20-109-CS-F-N
20-109-CS-G-N

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Alyssa Cocjin (Cocjin), held expired Nevada dispensing technician registrations, Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Respondent Sowjanya Reganti, MD (Reganti), held a controlled substance registration, Certificate of Registration No. CS15737, and dispensing practitioner registration, Certificate of Registration No. PD00727, Vodur Suresh Reddy, MD (Reddy), held a controlled substance registration, Certificate of Registration No. CS11142, and dispensing practitioner registration, Certificate of Registration No. PD00726, Emily Guerard, MD (Guerard), held a controlled substance registration, Certificate of Registration No. CS27731, and dispensing practitioner registration, Certificate of Registration No. PD27455, Santhosh Ambika, MD (Ambika), held a controlled substance registration, Certificate of Registration No. CS24351, and dispensing practitioner registration, Certificate of Registration No. PD27402, Tejvir Singh, MD (Singh), held a controlled substance registration, Certificate of Registration No. CS14397, and dispensing practitioner registration, Certificate of Registration No. PD00723, Aaron Bowman, MD (Bowman), held a controlled substance registration, Certificate of Registration No. CS16079, and dispensing practitioner registration, Certificate of Registration No. PD00730, Juan Cattoni, MD (Cattoni),held a controlled substance registration, Certificate of Registration No. CS25036, and dispensing practitioner registration, Certificate of Registration No. PD00728, all issued by the Board.

FACTUAL ALLEGATIONS

2. Cocjin was employed as a dispensing technician for Reganti (TD01942), Reddy (TD01943), Guerard (TD01944), Ambika (TD01945), Singh (TD01946), Bowman (TD01947) and Cattoni (TD01948) by Cancer Care Specialists, located at 5423 Reno Corporate Drive in Reno.

3. Cocjin failed to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, which expired on October 31, 2020.

4. While her dispensing technician registrations for each dispensing practitioner were expired, Cocjin engaged in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, and unlawfully dispensed controlled substances and dangerous drugs for approximately one hundred and forty-five days.

5. Cocjin renewed her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, on June 7, 2021.

APPLICABLE LAW

6. No person may act as a dispensing technician unless the person is employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician. NAC 639.7425(1)(b).

7. It is unlawful to dispense a controlled substance or dangerous drug except as authorized by law. 21 U.S.C. § 353(b); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301; NRS 639.100(1); NRS 639.23505.

8. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Performing any act, task or operation for which registration is required without the required registration constitutes unprofessional conduct or conduct contrary to the public interest

pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

11. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

12. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

13. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

14. The Board may suspend or revoke a registration to prescribe or dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Failure to Time Renew Dispensing Technician Registrations

(Respondent Cocjin)

15. By failing to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Cocjin unlawfully dispensed controlled substances and dangerous drugs and is subject to discipline pursuant to NRS 639.210(13).

SECOND CAUSE OF ACTION

Violations of Federal and State Law

(All Respondents)

16. By Cocjin engaging in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, without holding a valid dispensing technician registration for each dispensing practitioner, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 353(b), 21 U.S.C. §

822(a)(2), 21 U.S.C. § 823(f), NRS 453.226(1), NRS 453.321(1)(a), NRS 454.215, NRS 454.301, NRS 639.100(1), NRS 639.23505, NAC 639.742 and/or NAC 639.7425(1)(b), and are each subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

(All Respondents)

17. By Cocjin engaging in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni without holding a valid dispensing technician registration for each dispensing practitioner, Respondents, and each of them, have performed their duties as the holders of certificates of registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are each subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

(Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni)

18. By permitting Cocjin to engage in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, and unlawfully dispense controlled substances and dangerous drugs, Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni each aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and are each subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Performing Task Without Required Registration

(Respondent Cocjin)

19. By failing to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Cocjin unlawfully dispensed controlled substances and dangerous drugs for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni

without a holding a valid dispensing technician registration for each dispensing practitioner, engaged in unprofessional conduct as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest
(Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni)

20. By permitting Cocjin to engage in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, and unlawfully dispense controlled substances and dangerous drugs, Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni each committed an act that would render their registration to dispense controlled substances inconsistent with the public interest, and are each subject to discipline pursuant to NRS 453.236(1)(e) and/or NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these Respondents.

Signed this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **ALYSSA COCJIN,** **Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947, TD01948,** **Respondent.**	CASE NO. 20-109-TD-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South

7740 Las Vegas Blvd. South

Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Alyssa Cocjin
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

FILED
SEP 07 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

-o0o-

NEVADA STATE BOARD OF PHARMACY, Petitioner **V.** **ALYSSA COCJIN,** **Certificate of Registration Nos. TDO1942, TDO1943, TDO1944, TDO1945, TDO1946, TDO1947, TDO1948,** **SOWJANYA REGANTI, MD,** **Certificate of Registration Nos. CS15737 and PD00727,** **VODUR SURESH REDDY, MD,** **Certificate of Registration Nos. CS11142 and PD00726,** **EMILY GUERARD, MD,** **Certificate of Registration Nos. CS27731 and PD27455,** **SANTHOSH AMBIKA, MD,** **Certificate of Registration Nos. CS24351 and PD27402,** **TEJVIR SINGH, MD,** **Certificate of Registration Nos. CS14397 and PD00723,** **AARON BOWMAN, MD,** **Certificate of Registration Nos. CS16079 and PD00730, and** **JUAN CATTONII, MD,** **Certificate of Registration Nos. CS25036 and PD00728,** Respondents.	Case Nos.: 20-109- TD-N 20-109-CS-A-N 20-109-CS-B-N 20-109-CS-C-N 20-109-CS-D-N 20-109-CS-E-N 20-109-CS-F-N 20-109-CS-G-N **ANSWER AND NOTICE OF DEFENSE**

LEMONS, GRUNDY
& EISENBERG
A PROFESSIONAL CORPORATION
6005 PLUMAS STREET
THIRD FLOOR
RENO, NV 89519-6069
(775) 786-6868

Respondents above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declare:

GENERAL DENIAL

Respondents deny generally the allegations set forth in the Notice of Intended Action and Accusation, and the causes of action contained therein, except respondents admit the allegations of paragraph I relating to Jurisdiction and the allegation of paragraph II relating to the employment of Respondent Cocjin.

AFFIRMATIVE DEFENSES

Respondents state their Affirmative Defenses as follows:

First Affirmative Defense

Petitioner has failed to state a claim upon which any professional discipline or sanction can be based.

Second Affirmative Defense

Respondents did not violate any of the statutes contained in Petitioner's Notice of Intended Action and Accusation.

Third Affirmative Defense

Petitioner has failed to establish via expert affidavit or declaration that Respondents committed any wrongful act or committed any malpractice, malfeasance, or in any manner violated any of the statutes listed in the Notice of Intended Action and Accusation.

Fourth Affirmative Defense

Petitioner has failed to provide any information or evidence to from which to prove by a preponderance of the evidence that Respondents violated any of the statutes contained in Petitioner's Notice of Intended Action and Accusation.

~ * ~

~ * ~

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Fifth Affirmative Defense

Respondents currently have insufficient information upon which to form a belief as to whether there may be additional, yet unstated, affirmative defenses available. Respondents specifically reserve the right to assert additional affirmative defenses in the event discovery indicates such defenses apply.

Sixth Affirmative Defense

Respondents assert that they fully performed and discharged the obligations owed pursuant to the applicable statutes including meeting the requisite standards for the prescribing practices alleged in the complaint.

Seventh Affirmative Defense

Respondents state as an affirmative defense that the term "dispensing technician" is vague and ambiguous in the context of this specific case and does not give sufficient notice to the Respondents as to the factual basis that is being alleged specifically in this case.

Eighth Affirmative Defense

Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni complied with their obligations under the applicable Federal and State statutes and did not violate, attempt to violate, assist or abet in the violation nor conspire to violate said statutes.

Ninth Affirmative Defense

Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni complied with their obligations under the applicable Federal and State statutes and did not perform their duties in an incompetent, unskillful, or negligent manner nor did they engage in unprofessional conduct, there being no facts pled in this case to support such allegations.

Tenth Affirmative Defense

Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni complied with their obligations under the applicable Federal and State

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statutes did not knowingly aid or abet unlicensed practice nor engage in unprofessional conduct, there being no facts pled in this case to support such allegations.

Eleventh Affirmative Defense

Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni complied with their obligations under the applicable Federal and State statutes and did not commit an act that would render their registration to dispense controlled substances inconsistent with the public interest, there being no facts pled in this case to support such allegations.

Twelfth Affirmative Defense

Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni complied with their obligations under the applicable Federal and State statutes and are not subject to discipline, there being no facts pled in this case to support imposing discipline.

WHEREFORE, all Respondents pray that the Nevada State Board of Pharmacy determine that Respondents met all applicable standards of care and followed all applicable statutes and did not violate the same.

DATED this 7th day of September, 2021.

LEMONS, GRUNDY & EISENBERG
Attorneys for Respondents

BY: Edward J. Lemons
EDWARD J. LEMONS, ESQ.
Nevada Bar No. 699

LEMONS, GRUNDY
& EISENBERG
A PROFESSIONAL CORPORATION
6005 PLUMAS STREET
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RENO, NV 89519-6069
(775) 786-6868

CERTIFICATE OF SERVICE

I declare that I am an employee of LEMONS, GRUNDY & EISENBERG, and that I am over the age of 18 and not a party to the within action. My business address is 6005 Plumas Street, Third Floor, Reno, NV 89519.

On this date I caused to be served a true and correct copy of the ***Answer and Notice of Defense*** by personal service in an envelope to be hand delivered this date to:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Brett Kandt, *General Counsel*
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Dated: Sept. 7, 2021.

LEMONS, GRUNDY
& EISENBERG
A PROFESSIONAL CORPORATION
6005 PLUMAS STREET
THIRD FLOOR
RENO, NV 89519-6069
(775) 786-6868

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALYSSA COCJIN,
Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947, TD01948,

SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and PD00727,

VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and PD00726,

EMILY GUERARD, MD,
Certificate of Registration Nos. CS27731 and PD27455,

SANTHOSH AMBIKA, MD,
Certificate of Registration Nos. CS24351 and PD27402,

TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and PD00723,

AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and PD00730, and

JUAN CATTONI, MD,
Certificate of Registration Nos. CS25036 and PD00728,

Respondents.

Case No. 20-109-TD-N
20-109-CS-A-N
20-109-CS-B-N
20-109-CS-C-N
20-109-CS-D-N
20-109-CS-E-N
20-109-CS-F-N
20-109-CS-G-N

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Alyssa Cocjin (Cocjin), Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Sowjanya Reganti, MD (Reganti), Certificate of Registration Nos. CS15737and PD00727, Vodur Suresh Reddy, MD (Reddy), Certificate of Registration Nos. CS11142 and PD00726, Emily Guerard, MD (Guerard), Certificate of Registration Nos. CS227731 and PD27455, Santhosh Ambika, MD (Ambika), Certificate of Registration Nos. CS24351 and PD27402, Tejvir Singh, MD (Singh), Certificate of Registration Nos. CS14397 and PD00723, Aaron Bowman, MD (Bowman), Certificate of Registration Nos. CS16079 and PD000730, Juan Cattoni, MD (Cattoni), Certificate of Registration Nos. CS25036 and PD00728, by and through counsel**,** Edward J. Lemons, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about July 23, 2021, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 7, 2021, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish the factual allegations in the Accusation, *to wit,* that:

A. Cocjin was employed as a dispensing technician for Reganti (TD01942), Reddy (TD01943), Guerard (TD01944), Ambika (TD01945), Singh (TD01946), Bowman (TD01947) and Cattoni (TD01948) by Cancer Care Specialists, when she failed to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, which expired on October 31, 2020; and

B. While her dispensing technician registrations for each dispensing practitioner were expired, Cocjin engaged in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, and dispensed controlled substances and dangerous drugs for approximately one hundred and forty-five days, until she renewed each of those registrations on June 7, 2021.

The Board does not allege that the Respondents' acts or omissions related to Cocjin's failure to timely renew her certificates of registration and engaging in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner were willful or intentional, nor that Reganti, Reddy, Guerard, Ambika, Singh,

Bowman and/or Cattoni had actual knowledge of Cocjin's failure to timely renew her certificates of registration before being put on notice by the Board.

8. The Third, Fourth and Sixth Causes of Action, Paragraphs 17, 18 and 20 of the Accusation, are hereby dismissed against Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, pursuant to NRS 622A.320(4). Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged in the Second Cause of Action, Paragraph 16 of the Accusation, *to wit,* that by Cocjin engaging in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, without holding a valid dispensing technician registration for each dispensing practitioner, Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, violated 21 U.S.C. § 353(b)**,** 21 U.S.C. **§** 822(a)(2), 21 U.S.C. **§** 823(f), NRS 453.226(1), NRS 453.321(1)(a), NRS 454.215, NRS 454.301, NRS 639.100(1), NRS 639.23505, NAC 639.742 and/or NAC 639.7425(1)(b).

9. Cocjin admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the First, Second, Third and Fifth Causes of Action, Paragraphs 15, 16, 17 and 19 of the Accusation, *to wit,* that:

A. By failing to timely renew her registrations and engaging in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, Cocjin engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (k); and

B. By engaging in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, Cocjin violated 21 U.S.C. § 353(b)**,** 21 U.S.C. **§** 822(a)(2), 21 U.S.C. **§** 823(f), NRS 453.226(1), NRS 453.321(1)(a), NRS

454.215, NRS 454.301, NRS 639.100(1), NRS 639.23505, NAC 639.742 and/or NAC 639.7425(1)(b).

10. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Alyssa Cocjin, Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, stipulate to the following penalties:

A. Cocjin shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a dispensing technician;

B. Cocjin shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

C. Cocjin shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

11. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Sowjanya Reganti, MD, Certificate of Registration Nos. CS15737and PD00727, stipulate to the following penalties:

A. Reganti shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Reganti shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

12. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Vodur Suresh Reddy, MD, Certificate of Registration Nos. CS11142 and PD00726, stipulate to the following penalties:

A. Reddy shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Reddy shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Emily Guerard, MD, Certificate of Registration Nos. CS227731 and PD27455, stipulate to the following penalties:

A. Guerard shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Guerard shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

14. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Santhosh Ambika, MD, Certificate of Registration Nos. CS24351 and PD27402, stipulate to the following penalties:

A. Ambika shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Ambika shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

15. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Tejvir Singh, MD, Certificate of Registration Nos. CS14397 and PD00723, stipulate to the following penalties:

A. Singh shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Singh shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

16. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Aaron Bowman, MD, Certificate of Registration Nos. CS16079 and PD000730, stipulate to the following penalties:

A. Bowman shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Bowman shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

17. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Juan Cattoni, MD, Certificate of Registration Nos. CS25036 and PD00728, stipulate to the following penalties:

A. Cattoni shall pay a fine of Five Thousand Dollars ($5000.00) for the violations; and

B. Cattoni shall pay Two Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

18. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that

Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

19. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022. Respondents and their authorized representative(s) may appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

20. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

21. If the Board rejects this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that this matter will be continued pursuant to NAC 639.120(1)(a) and a full hearing on the merits may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

22. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

23. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office

located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

24. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of February 2022

_____

ALYSSA COCJIN,
Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947, TD01948

Signed this ___ day of February 2022

_____

SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and PD00727

Signed this ___ day of February 2022

_____

VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and PD00726

Signed this ___ day of February 2022

_____

EMILY GUERARD, MD,
Certificate of Registration Nos. CS27731 and PD27455

Signed this ___ day of February 2022

_____

SANTHOSH AMBIKA, MD,
Certificate of Registration Nos. CS24351 and PD27402

Signed this ___ day of February 2022

_____

TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and PD00723

Signed this ___ day of February 2022

_____

AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and PD00730

Signed this ___ day of February 2022

_____

JUAN CATTONI, MD,
Certificate of Registration Nos. CS25036 and PD00728

Signed this ___ day of February 2022

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of February 2022

_____
EDWARD J. LEMONS, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Alyssa Cocjin, Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Respondent Sowjanya Reganti, MD, Certificate of Registration Nos. CS15737and PD00727, Vodur Suresh Reddy, MD, Certificate of Registration Nos. CS11142 and PD00726, Emily Guerard, MD, Certificate of Registration Nos. CS227731 and PD27455, Santhosh Ambika, MD, Certificate of Registration Nos. CS24351 and PD27402, Tejvir Singh, MD, Certificate of Registration Nos. CS14397 and PD00723, Aaron Bowman, MD, Certificate of Registration Nos. CS16079 and PD000730, Juan Cattoni, MD, Certificate of Registration Nos. CS25036 and PD00728, in Case No. 20-109, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April 2022.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SOWJANYA REGANTI, MD,** **Certificate of Registration Nos. CS15737 and PD00727,** **Respondent.**	CASE NO. 20-109-CS-A-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SOWJANYA REGANTI, MD,** **Certificate of Registration Nos. CS15737 and PD00727,** **Respondent.**	CASE NO. 20-109-CS-A-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

SOWJANYA REGANTI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sowjanya Reganti, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **VODUR SURESH REDDY, MD,** **Certificate of Registration Nos. CS11142 and PD00726,** **Respondent.**	CASE NO. 20-109-CS-B-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **VODUR SURESH REDDY, MD, Certificate of Registration Nos. CS11142 and PD00726,** **Respondent.**	CASE NO. 20-109-CS-B-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

VODUR SURESH REDDY, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vodur Reddy, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **EMILY GUERARD, MD,** **Certificate of Registration Nos. CS27731 and PD27455,** **Respondent.**	CASE NO. 20-109-CS-C-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **EMILY GUERARD, MD,** **Certificate of Registration Nos. CS27731 and PD27455,** **Respondent.**	CASE NO. 20-109-CS-C-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

EMILY GUERARD, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Emily Guerard, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SANTHOSH AMBIKA, MD,** **Certificate of Registration Nos. CS24351 and PD27402,** **Respondent.**	CASE NO. 20-109-CS-D-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SANTHOSH AMBIKA, MD,** **Certificate of Registration Nos. CS24351 and PD27402,** **Respondent.**	CASE NO. 20-109-CS-D-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

SANTHOSH AMBIKA, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Santhosh Ambika, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **TEJVIR SINGH, MD,** **Certificate of Registration Nos. CS14397 and PD00723,** **Respondent.**	CASE NO. 20-109-CS-E-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directions 2 and 3 133, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **TEJVIR SINGH, MD,** **Certificate of Registration Nos. CS14397 and PD00723,** **Respondent.**	CASE NO. 20-109-CS-E-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

TEJVIR SINGH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Tejvir Singh, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **AARON BOWMAN, MD,** **Certificate of Registration Nos. CS16079 and PD00730,** **Respondent.**	CASE NO. 20-109-CS-F-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

[illegible] 241.023(3), the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **AARON BOWMAN, MD,** **Certificate of Registration Nos. CS16079 and PD00730,** **Respondent.**	CASE NO. 20-109-CS-F-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

AARON BOWMAN, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Aaron Bowman, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **JUAN CATTONI, MD,** **Certificate of Registration Nos. CS25036 and PD00728,** **Respondent.**	CASE NO. 20-109-CS-G-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **JUAN CATTONI, MD,** **Certificate of Registration Nos. CS25036 and PD00728,** **Respondent.**	CASE NO. 20-109-CS-G-N **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

JUAN CATTONI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Juan Cattoni, MD
5423 Reno Corporate Dr.
Reno, NV 89511

KRISTOPHER MANGOSING

5I

FILED
JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **and** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondents.**	**Case No. 17-076-RPH-S** **17-076-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nazida Zebari, RPh. ("Zebari"), Certificate of Registration No. 17786 was a pharmacist registered with the Board and Respondent Walgreens Pharmacy #4242 ("Walgreens #4242"), License No. PH01165, was a pharmacy licensed by the Board.

DISCIPLINARY HISTORY

2. On October 15, 2014, the Board approved a Stipulation and Order in Case No. 13-024-RPH-S, wherein Respondent agreed to discipline on the basis that evidence existed to establish a factual basis that she had violated NAC 639.945(1)(d), and/or (i) by providing incorrect instructions on a dispensed prescription, as well as NRS 639.266(1), NAC 639.707(1), and/or NAC 639.945(1)(i) by failing to provide adequate patient counseling.

FACTUAL ALLEGATIONS

3. Respondent Zebari was employed by Walgreens #4242 at the time of the events alleged herein.

4. On July 18, 2016, a prescription for Lisinopril 10 mg tablets was processed by Walgreens #4242 for patient L.I. and designated as prescription no. 1783706 by Walgreen's computer system. Prescription no. 1783706 was placed on auto-refill.

5. On December 6, 2016, a prescription for Terazosin HCL 2 mg issued to patient L.I. was entered into the Walgreen's #4242 computer system by Respondent Zebari. The prescription was designated prescription no. 1829306 by Walgreen's computer system. Respondent Zebari typed "DISCONTINUE LISINOPRIL (ACE: ALLERGY; COUGH)" in Walgreen's computer system under the drug directions for prescription no. 1829306; however, no notifications were placed into patient L.I.'s profile in the Walgreen's computer system.

6. On December 6, 2016, Respondent Zebari performed the prescription review, overrode the Drug Utilization Review ("DUR") checks for therapeutic duplication, filled prescription no. 1829306, and conducted the product verification. Walgreen's records for prescription no. 1829306 reflect that patient L.I. declined the patient consultation.

7. Respondent Zebari failed to follow the prescribing practitioner's orders to "Discontinue Lisinopril" as written on the Terazosin HCL 2mg prescription which caused four (4) erroneous prescriptions for a dangerous drug to be dispensed to patient L.I. after December 6, 2016.

8. On December 24, 2016, an automatic refill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Dominic Ortega, RPh. ("Ortega"), Certificate of Registration No. 16810, the managing pharmacist for Walgreens #4242 and pharmacist of record. The refill of prescription no. 1783706 was sold to patient L.I. on December 26, 2016.

9. On January 22, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Pharmacist Brijesh Patel, RPh. ("Patel"), Certificate of Registration No. 18040, the pharmacist of record, and the prescription refill was sold to patient L.I. on January 24, 2017.

10. On February 20, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on February 28, 2017.

11. On March 27, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on March 30, 2017.

12. Patient L.I. complained to Walgreens #4242 about the erroneous Lisinopril prescriptions she was dispensed; however, patient L.I. did not report taking any of the erroneously dispensed Lisinopril or suffering any harm.

COUNT ONE

Unprofessional Conduct
(Respondent Zebari)

13. Unprofessional conduct includes the failure by a licensee to strictly follow the instructions of a practitioner when labeling and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

14. Respondent Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to strictly follow the instructions of a practitioner by not discontinuing the Lisinopril 10 mg prescription, which caused the erroneous dispensing of said

prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4242)

15. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

16. To the extent the erroneous dispensing errors were attributable to Respondent Zebari, Walgreens #4242 is responsible for those violations pursuant to NRS 639.230(5) and NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondent.**	**CASE NO. 17-076-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondent.**	**CASE NO. 17-076-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4242

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nazida Zebari, R.Ph.
[redacted] Hickory Park Street
Las Vegas, NV 89138

Walgreens Pharmacy #04242
9420 W Lake Mead Blvd
Las Vegas, NV 89134-8312

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **and** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondents.**	**CASE NOS. 17-076-RPH-S** **17-076-PH-S** **STIPULATION AND ORDER**

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent Nazida Zebari ("Zebari"), Certificate of Registration No. 17786, through her counsel, Lyn Beggs, Esq., and Respondent Walgreens Pharmacy #4242 ("Walgreens"), Pharmacy License No. PH 01165, by and through its counsel**,** William Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 16, 2022, Board Staff properly served Zebari and Walgreens with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 9, 2022, Zebari filed an Answer and Notice of Defense to the Accusation.

4. Zebari and Walgreens are fully aware of their right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

5. Zebari and Walgreens are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights

which may be accorded to them pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions below, Zebari and Walgreens hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidenceat an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and NAC 639.945(1)(i) by failing to strictly follow the instructions of a practitioner to discontinue a prescription for Lisinopril 10 mg, which caused the erroneous dispensing of said prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

B. Walgreens, as the pharmacy at which the violations of law alleged herein occurred, is responsible for any violations of law by Zebari pursuant to NRS 639.230(5) and NAC 639.945(2).

8. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Zebari stipulate to the below listed penalties. Respondent Nazida Zebari, Certificate of Registration No. 17786, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations;

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens stipulate to the below listed penalties. Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) forthe violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022. Respondents and their authorized representative(s) will appear at the meeting to answer qu estions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 25th day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

Signed this 21st day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 28 day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this ___ day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

Signed this ___ day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

Signed this ___ day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this 23 day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

Signed this 29th day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 28th day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nazida Zebari, Certificate of Registration No. 17786, and Respondent Walgreens Pharmacy #4242, Pharmacy License No. PH01165, in Case No. 17-076 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **Respondent.**	**CASE NO. 17-076-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nazida Zebari, R.Ph.
[redacted] Hickory Park Street
Las Vegas, NV 89138

Walgreens Pharmacy #04242
9420 W Lake Mead Blvd
Las Vegas, NV 89134-8312

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPH** **Certificate of Registration No. 17786** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165** **Respondents.**	**Case Nos. 17-076-RPH-S** **17-076-PH-S** **ANSWER AND NOTICE OF DEFENSE OF NAZIDA ZEBARI, RPH**

Respondent Nazida Zebari, RPh., hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on January 21, 2022, and which Ms. Zebari received on February 19, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Zebari agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Disciplinary History

Ms. Zebari acknowledges that she has previously been disciplined by the Board as set forth in Paragraph 2 of the Accusation. Ms. Zebari further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 3-12

Paragraph 3: Ms. Zebari agrees and acknowledges that she was employed by Walgreens Pharmacy #4242 at the time of the incidents in question and until 2017.

Paragraph 4: Ms. Zebari does not have direct personal knowledge of the processing of the Lisinopril 10 mg prescription for patient L.I., however based on the information that Ms. Zebari had in December 2016 and information that she has subsequently learned, she believes that the factual assertions set forth in Paragraph 4 are accurate.

Paragraph 5: Ms. Zebari, while not having specific recollection of entering the prescription for terazosin HCL 2mg on December 6, 2016, Ms. Zebari, agrees and acknowledges that to the best of her knowledge she did enter the prescription and noted the instruction of the provide to "discontinue lisinopril". Ms. Zebari admits that she failed to place the same notification into patient L.I.'s patient profile and did not discontinue the prescription of lisinopril.

Paragraph 6: Ms. Zebari does not have specific recollection of performed the prescription review, overriding the DUR checks for therapeutic duplication, and filling the prescription of Terazosin HCL 2mg, designated as prescription no. 1829306, but based on her knowledge of the incident she believes that these factual allegations are true and accurate. Ms. Zebari does not have personal knowledge regarding whether the patient declined consultation but believes this to a true and accurate statement.

Paragraph 7: Ms. Zebari agrees and acknowledges that she failed to discontinue patient L.I.'s lisinopril prescription, however she did appropriately note that lisinopril was to be discontinued on the instructions for the prescription of terazosin HCL. Ms. Zebari is without personal knowledge as to whether four lisinopril prescriptions were dispensed to patient L.I. after

December 6, 2016, but based on information she subsequently received, she believes that this is a true and accurate statement.

Paragraph 8: Ms. Zebari is without adequate personal knowledge to answer the factual allegations contained within Paragraph 8, but believes, based on information subsequently received, that patient L.I.'s lisinopril 10 mg prescription was refilled in December 2016.

Paragraph 9: Ms. Zebari is without personal knowledge regarding the automatic refill of lisinopril in January 2017 but based upon information she has received about this matter believes this to be a true and accurate statement.

Paragraph 10: Ms. Zebari is without personal knowledge regarding the automatic refill of lisinopril in February 2017 but based upon information she has received about this matter believes this to be a true and accurate statement.

Paragraph 11: Ms. Zebari is without personal knowledge regarding the automatic refill of lisinopril in March 2017 but based upon information she has received about this matter believes this to be a true and accurate statement.

Paragraph 12: Ms. Zebari is without personal knowledge regarding the allegations contained in Paragraph 12 but based on information she has subsequently received believes this to be a true and accurate statement.

Causes of Action: Paragraphs 13-16

First cause of action (paragraphs 13-14): Ms. Zebari acknowledges that she failed to appropriately discontinue the patient's prescription of lisinopril. She did appropriately note that lisinopril was to be discontinued on the instructions for the patient's new prescription for terazosin HCL.

Second cause of action (paragraphs 14-16): The second cause of action pertains only to Walgreens Pharmacy #4242 and accordingly Ms. Zebari offers no response to these causes of action.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Ms. Zebari takes full responsibility for the failure to discontinue patient L.I.'s lisinopril prescription within the Walgreen Pharmacy computer system or note within the patient's profile that the lisinopril was to be discontinued. Ms. Zebari did appropriately note the provider instructions on the new prescription for terazosin HCL but admits that she should have closed out the lisinopril prescription and deleted it from the auto-refill system.

Ms. Zebari notes that typically the pharmacy techs would type in the information regarding a new prescription into the Walgreens computer system and that she would verify the information. While she does not have a specific recollection of this prescription from December 2016, she believes that if she was the individual typing in the new prescription that the pharmacy may have been particularly busy on the day in question and that she failed to go through the normal process that she would have to discontinue the other prescription.

Respectfully submitted this 9th day of March, 2022.

Lyn E. Beggs, Esq.
Attorney for Respondent Nazida Zebari, RPh

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FILED
FEB 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA A. MARTINEZ, MD,** **Certificate of Registration No. CS07956,** **Respondent.**	**Case No. 21-221-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Maria A. Martinez, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS07956, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS07956, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS07956, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA A. MARTINEZ, MD** **Certificate of Registration No. CS07956,** **Respondent.**	**CASE NO. 21-221-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA A. MARTINEZ, MD** **Certificate of Registration No. CS07956,** **Respondent.**	**CASE NO. 21-221-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MARIA A. MARTINEZ, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10 day of Feb., 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Maria Martinez
1800 W Charleston Blvd
Las Vegas, NV 89102

Darlene Nases

DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL
Dr. Maria A. Martinez
1800 W. Charleston Blvd.
Las Vegas, Nevada 89102

CEASE-AND-DESIST ORDER: Case No. 21-221-CS-S

Controlled Substance Registration CS07956 – Expired 10/31/2018

Dr. Maria A. Martinez:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA MARTINEZ, MD,** **Certificate of Registration No. CS07956,** **Respondent.**	**Case No. 21-221-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and Respondent MARIA MARTINEZ, MD, ("Respondent") Certificate of Registration No. CS07956, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 10, 2022, and again on or about March 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, her right to reconsideration, his right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew her Certificate of Registration No. CS07956, which expired on October 31, 2018, in violation of NRS 639.210(13); and

B. While Respondent held an expired Nevada Controlled Substance Registration, she wrote two (2) prescriptions for a controlled substance for a Nevada patient after October 31, 2018, in violation of NRS 453.226(1), NRS 453.236(l), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation and are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Maria Martinez, MD, Certificate of Registration No. CS07956, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations;

B. Pay Seven-Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. In the event Respondent applies for renewal of her Certificate of Registration No. CS07956, or for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

11. The Board has may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," in five (5) equal payments of ONE THOUSAND DOLLARS ($1,000.00) to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. The first payment shall be received within thirty (30) days of the effective date of this Order, with each of the four remaining payment installments due in thirty (30) day increments thereafter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the $750.00 in agreed upon attorney's fees and costs by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15 Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 21 day of March 2022.

MARIA MARTINEZ, MD
Certificate of Registration No. CS07956

Signed this 28th day of March 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Maria Martinez, MD, Certificate of Registration No. CS07956, in Case No. 21-221-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of March 2022.

MARIA MARTINEZ, MD
Certificate of Registration No. CS07956

Signed this ____ day of March 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Maria Martinez, MD, Certificate of Registration No. CS07956, in Case No. 21-221-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTINA M. NGUYEN, PA-C,** **Certificate of Registration No. CS19281,** **Respondent.**	**Case No. 21-223-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Kristina M. Nguyen, PA-C, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS19281, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS19281, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS19281, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTINA M. NGUYEN, PA-C** **Certificate of Registration No. CS19281,** **Respondent.**	**CASE NO. 21-223-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTINA M. NGUYEN, PA-C** **Certificate of Registration No. CS19281,** **Respondent.**	**CASE NO. 21-223-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

KRISTINA M. NGUYEN, PA-C

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10 day of Feb, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kristina Nguyen
4280 S Hualapai Way #200
Las Vegas, NV 89147

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 8, 2022

VIA CERTIFIED U.S. MAIL
Kristina M. Nguyen
4280 S. Hualapai Way #200
Las Vegas, Nevada 89147

CEASE-AND-DESIST ORDER: Case No. 21-223-CS-S

Controlled Substance Registration CS19281 – Expired 10/31/2018

Kristina A. Nguyen:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration. If you have already renewed or obtained new controlled substance registration, please disregard this CEASE-and-DESIST.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTINA NGUYEN, PA,** **Certificate of Registration No. CS19281,** **Respondent.**	**Case No. 21-223-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and Respondent KRISTINA NGUYEN, PA, Certificate of Registration No. CS19281, **HEREBY STIPULATED AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 10, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal, and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew her Certificate of Registration No. CS19281, which expired on October 31, 2018, in violation of NRS 639.210(13), and

B. While Respondent held an expired Nevada Controlled Substance Registration, she wrote six (6) prescriptions for controlled substances for Nevada patients after October 31, 2018, in violation of NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation and are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Kristina Nguyen, PA, Certificate of Registration No. CS19281, shall:

A. Accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner;

B. Acknowledge that this Stipulation and Order constitutes discipline reportable to the National Practitioner's Data Bank;

C. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations; and

D. Pay Seven-Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 2, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the $750.00 in agreed upon attorney's fees and costs by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 18 day of March 2022.

KRISTINA NGUYEN, PA
Certificate of Registration No. CS19281

Signed this 28th day of March 2022.

PETER K. KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kristina Nguyen, PA, Certificate of Registration No. CS19281, in Case No. 21-223-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
FEB 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD,** **Certificate of Registration No. CS19355,** **Respondent.**	**Case No. 21-224-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Ida Washington, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS19355, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS19355, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS19355, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD** **Certificate of Registration No. CS19355,** **Respondent.**	**CASE NO. 21-224-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD** **Certificate of Registration No. CS19355,** **Respondent.**	**CASE NO. 21-224-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

IDA WASHINGTON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10 day of Feb, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ida Washington
1000 S Rainbow Blvd
P.O. Box 98978
Las Vegas, NV 89193

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL
Dr. Ida Washington
1000 S. Rainbow Blvd.
P.O. Box 98978
Las Vegas, Nevada 89193

CEASE-AND-DESIST ORDER: Case No. 21-224-CS-S

Controlled Substance Registration CS19355 – Expired 10/31/2018

Dr. Ida Washington:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration. If you have already renewed or obtained new controlled substance registration, please disregard this CEASE-and-DESIST.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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FILED
JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEORGE M. DOCKENDORF, DO,** **Certificate of Registration No. CS20768,** **Respondent.**	**Case No. 21-216-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent George M. Dockendorf, DO, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS20768, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS20768, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS20768, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT

Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT

Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT

Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEORGE M. DOCKENDORF, DO** **Certificate of Registration No. CS20768,** **Respondent.**	**CASE NO. 21-216-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEORGE M. DOCKENDORF, DO** **Certificate of Registration No. CS20768,** **Respondent.**	**CASE NO. 21-216-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

GEORGE M. DOCKENDORF, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28 day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

George Dockendorf
7391 W Charleston Blvd #140
Las Vegas, NV 89117

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

January 27, 2022

VIA CERTIFIED U.S. MAIL
Dr. George M. Dockendorf
7391 W. Charleston, Blvd. #140
Las Vegas, Nevada 89117

CEASE-AND-DESIST ORDER: Case No. 21-216-CS-S

Controlled Substance Registration CS 20768 – Expired 10/31/2018

Dr. George M. Dockendorf:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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FILED
JAN 28 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL H. HOWSE, RPH** **Certificate of Registration No. 18406,** **JUSTINE STANEVICH,** **Certificate of Registration No. PT18958,** **Respondents.**	**CASE NO. 20-135-RPH-S** **20-135-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paul H. Howse, RPh ("Howse"), Certificate of Registration No. 18406, held a registration as a pharmacist, and Justine Stanevich ("Stanevich"), Certificate of Registration No. PT18958, held a registration as a pharmaceutical technician, all issued by the Board.

FACTUAL ALLEGATIONS

2. Howse is/was the managing pharmacist at Smith's Food and Drug Store #351 ("Smith's") located at 6130 West Tropicana Avenue, Las Vegas, Nevada 89103 during the relevant timeframe.

3. Stanevich was employed as a pharmaceutical technician at Smith's during the relevant timeframe.

4. On or about February 12, 2020, Howse, was approached by Stanevich regarding an opioid prescription for a new patient. As indicated by protocol, Howse accessed and reviewed the new patient's Prescription Monitoring Program ("PMP") history using an interface with Smith's computer system. Howse left the computer station for a moment, with Stanevich left next to the computer, to explain to the new patient at the drop-off window that he needed more information from the prescribing practitioner. Upon Howse's return to the computer station, Howse noticed a second PMP window opened for patient P.S., who he had not checked the PMP database. Howse questioned Stanevich about the PMP inquiry on patient P.S., whereupon Stanevich admitted that she queried the PMP for patient P.S. under Howse's credentials. Stanevich stated that patient P.S. was someone personally known to her and not a patient of Smith's. Howse informed Stanevich that the PMP query was unacceptable, and against company policy and HIPAA.

5. Howse immediately reported Stanevich's PMP query to his district and division managers for Smith's. During investigation, which included review of videotape from Howse's computer workstation, and interviews of Smith's staff working at the time, it was determined that Stanevich violated company policy, and HIPAA. Stanevich was terminated on February 18, 2020.

APPLICABLE LAW

6. Performing any duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. The Board administers the PMP, which maintains a database of all transactions for controlled substances listed in schedules II, III, IV, and V which are prescribed and dispensed in Nevada. *See* NRS 453.162-.165.

8. Patient utilization reports and data in the PMP constitute Protected Health Information ("PHI") as defined in 45 CFR Part 160 and 164, Subparts A and E. The Health Insurance Portability and Accountability Act ("HIPAA") provides certain requirements regarding privacy of PHI and certain prohibitions against disclosure. 42 USC §1320d *et seq.* (HIPAA Privacy Act).

9. Patient utilization reports and all data in the PMP are also confidential and protected from unauthorized use or disclosure under state law. *See* NRS 453.164.

10. Unauthorized access, use, or disclosure of PHI carries civil and criminal penalties under federal law. *See* 42 USC § 1320d-5 and d-6.

11. Unauthorized access, use, or disclosure of information in the PMP also constitute a crime under state law. NRS 453.552(2).

12. The Board may suspend or revoke any certificate, license, registration or permit issued if the registrant is not of good moral character, is guilty of unprofessional conduct or conduct contrary to the public interest, willfully makes to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of NRS 639, and/or violates any provision of federal or state law. NRS 639.210; NRS 639.255.

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FIRST COUNT
Unprofessional Conduct
(Respondent Howse)

13. Howse engaged in unprofessional conduct in violation of NAC 639.945(1)(i) when he walked away from his computer, and failed to log out to prevent unlawful access to the PMP, and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT
Unprofessional Conduct
(Respondent Stanevich)

14. By accessing patient P.S.'s confidential data in the PMP and obtaining P.S.'s utilization report, Stanevich, as a registered pharmaceutical technician, without authority and fraudulently under Howse's credentials, acted in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i). Stanevich is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

THIRD COUNT
Violation of State and Federal Law
(Respondent Stanevich)

15. By accessing patient P.S.'s confidential data in the PMP, Stanevich violated state law protecting patients from unauthorized disclosure of PMP information under NRS 453.164, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

16. By accessing patient P.S.'s confidential data in the PMP, Stanevich violated federal law, HIPAA Privacy Rule pursuant to 42 USC §1320d *et seq.*, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registrations of these Respondents.

Signed this 28th day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL H. HOWSE, RPH** **Certificate of Registration No. 18406,** **Respondent.**	**CASE NO. 20-135-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 28th day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Justine Stanevich, PT
[redacted]Mandalay Springs Drive Apt.[redacted]
Las Vegas, NV 89120

Paul H. Howse, R.Ph.
[redacted]Montferrat Ln
Henderson, NV 89044

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAUL H. HOWSE, RPH** **Certificate of Registration No. 18406,** **JUSTINE STANEVICH** **Certificate of Registration No. PT18958,** **Respondents.**	**Case Nos. 20-135-RPH-S** **20-135-PT-S** **ANSWER AND NOTICE OF DEFENSE OF PAUL H. HOWSE**

Respondent Paul H. Howse, hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on January 28, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Mr. Howse agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Mr. Howse further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Mr. Howse agrees and acknowledges the factual assertions set forth in Paragraph 2.

Paragraph 3: Mr. Howse agrees and acknowledges that to the best of his knowledge, Ms. Stanevich was employee at Smith's Food and Drug, Store #351 during the relevant time frames.

Paragraph 4: Mr. Howse agrees and acknowledges that the factual assertions set forth in Paragraph 4 are accurate.

Paragraph 5: Mr. Howse agrees and acknowledges that he immediately reported Ms. Stanevich's PMP query to his district and division managers for Smiths. Mr. Howse is without personal information regarding the remaining factual allegations but based on the information received from Smiths, he believes them to be accurate.

Applicable Law: Paragraphs 6-12

Mr. Howse agrees that Paragraphs 6-12 of the Accusation accurately reflect current Nevada and federal law.

Causes of Action: Paragraphs 13-16

First cause of action (paragraphs 13): Mr. Howse denies that he engaged in unprofessional conduct as alleged in paragraph 13 as all Smith's pharmacy staff is HIPAA trained and aware of the confidentiality of the PMP, however Mr. Howse does recognize that it would have been appropriate to log off or lock the computer he was utilizing to access the Prescription Monitoring Program ("PMP") when he momentarily left the computer station; especially as Ms. Stanevich was near the computer at the time.

Second and third causes of action (paragraphs 14-16): The second and third causes of action pertains only to Ms. Stanevich and accordingly Mr. Howse offers no response to these causes of action.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Mr. Howse was originally licensed by the Board in 2009 as an intern pharmacist and then as a registered pharmacist in Nevada since 2012. Mr. Howse has never had any discipline taken against him nor, to his knowledge, has he been the subject of an investigation by the Board.

Mr. Howse recognizes the absolute sanctity of the PMP and need to ensure that unauthorized, illegal access of the PMP is avoided. In the instant matter, upon recognizing that the profile for another individual had been accessed when he returned to the computer terminal, he immediately questioned Ms. Stanevich regarding the inquiry. After confirmation that an unauthorized access of the PMP was made using his credentials, he immediately reported the breach per Smith's protocol.

Ms. Howse regrets the momentary lapse of judgment in failing to log out of the computer station he was utilizing to the check the PMP profile for the new pharmacy patient and assures the Board that he shall ensure that no such lapses occur in the future.

Respectfully submitted this 17th day of February, 2022.

Lyn E. Beggs, Esq.
Attorney for Respondent Paul H. Howse, RPh

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUSTINE STANEVICH,** **Certificate of Registration No. PT18958,** **Respondent.**	**CASE NO. 20-135-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 28th day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUSTINE STANEVICH, PT** **Certificate of Registration No. PT18958,** **Respondent.**	**CASE NO. 20-135-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

JUSTINE STANEVICH, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Justine Stanevich, PT
[redacted] Mandalay Springs Drive Apt. [redacted]
Las Vegas, NV 89120

Paul H. Howse, R.Ph.
[redacted] Montferrat Ln
Henderson, NV 89044

SHIRLEY HUNTING

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FILED
DEC 14 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Sircy M. Moore, DVM, held a Nevada controlled substance registration, Certificate No. CS23796, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about August 26, 2021, Board staff assisted Nevada Board of Veterinary Medical Examiners staff in investigating Respondent's practice, at Doc Mo's Kindred Spirits Animal Hospital, located at 2437 E. Cheyenne Avenue in North Las Vegas. The investigation revealed that Respondent was dispensing controlled substances and/or dangerous drugs for animal patients without a valid dispensing practitioner registration.

3. The investigation also revealed that controlled substances and dangerous drugs were not kept in a locked storage area with access restricted to authorized persons, and that Respondent failed to properly store, segregate and/or dispose of adulterated and/or expired drugs.

4. The investigation also revealed that Respondent failed to keep records and maintain inventories for controlled substances in conformance with the recordkeeping and inventory requirements of state and federal law.

5. On or about December 9, 2021, Respondent was ordered pursuant to NRS 639.2895(1) to cease and desist dispensing any controlled substances or dangerous drugs for animal patients.

APPLICABLE LAW

6. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must register with the Board. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 454.215; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.7423.

7. All controlled substances and dangerous drugs in the possession of a dispensing practitioner must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 453.410(1)(d); NAC 639.7423(5); NAC.639.745.

8. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); *see also* 21 CFR § 211.137.

9. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

10. Persons registered to dispense controlled substances shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law; it is unlawful for a person to fail to make, keep or furnish any record, notification, order form, statement, invoice or information required by law. 21 U.S.C. §

842(a)(5); 21 CFR § 1304.04; 21 CFR § 1304.11; 21 CFR § 1304.21; NRS 453.246; NRS 453.326(1)(a); NAC 453.410(1); NAC 639.7423(5); NAC.639.745.

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

12. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Violation of Federal and State Law - Unlawful Dispensing

16. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR §

1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.7423, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and (12).

SECOND COUNT

Violation of Federal and State Law - Failure to Properly Store and Secure Drugs

17. By permitting unrestricted and unsecured access to the stock of controlled substances and/or dangerous drugs at his practice, and failing to properly store, segregate and/or dispose of adulterated and/or expired drugs to ensure they could not be administered to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, 21 CFR § 1301.71, NRS 639.282(1)(d), NAC 453.410(1)(d), NAC 639.601(1), NAC 639.7423(5) and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

THIRD COUNT

Violation of Federal and State Law – Controlled Substance Inventories and Recordkeeping

18. By failing to keep records and maintain inventories for controlled substances in conformance with the recordkeeping and inventory requirements of state and federal law, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 842(a)(5), 21 CFR § 1304.04, 21 CFR § 1304.11, 21 CFR § 1304.21, NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1), NAC 639.7423(5) and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

FOURTH COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH COUNT

Unprofessional Conduct – Dispensing without a Valid Registration

20. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

SIXTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By his actions as alleged herein, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 14th day of December, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of December 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sircy Moore, DVM
Doc Mo's Kindred Spirits Animal Hospital
2437 E. Cheyenne Ave.
North Las Vegas, NV 89030

SHIRLEY HUNTING

FILED
FEB 04 2022
NEVADA STATE BOARD OF PHARMACY

John A. Hunt, Esq. (NSBN 1888)
Bert Wuester Jr., Esq. (NSBN 5556)
CLARK HILL, PLLC
3800 Howard Hughes Pkwy, Suite 500
Las Vegas, Nevada 89169
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
email: bwuester@clarkhill.com
Attorneys for Respondent, Bernard Kofi Addo-Quaye, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

SIRCY M. MOORE, DVM, Certificate of Registration No. CS23796,

Respondent.

Case No. **21-111-CS-S**

ANSWER AND NOTICE OF DEFENSE OF RESPONDENT, SIRCY M. MOORE, DVM

Respondent, Sircy M. Moore, DVM, ("Dr. Moore"), by and through counsel, hereby submits his Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244[1], to the *Notice of Intended Action and Accusation* filed December 14, 2021 ("Accusation"), with the Nevada State Board of Pharmacy (the "Board"), in the above-captioned action.

1. Pursuant to NRS 639.244(1)(a), Dr. Moore objects to the Accusation as being incomplete and failing to set forth clearly the charges against him.

[1] **NRS 639.244 Notice of Defense: Form; effect of failure to file.**
1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by completing and signing the notice, to:
(a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and
(b) Deny or admit, in part or in whole, the violations alleged.
2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a hearing.

2. Pursuant to NRS 639.244(1)(b), Dr. Moore denies in whole the violations alleged against him in the Accusation.

3. Pursuant to NRS 639.244(2), by filing this Answer, Dr. Moore has not waived the right to a hearing before the Board. Moreover, Respondent's undersigned counsel communicated with the Board's General Counsel regarding an extension of time to file this Answer.

AFFIRMATIVE DEFENSES

1. The allegations contained in the Board's Accusation fail to state a cause of action upon which relief can be granted.

2. The violations alleged against Respondent in the Board's Accusation are subject to a demand/application pursuant to NRS 233B.121(2)(d) for a more definite and detailed statement. By this defense, Dr. Moore specifically provides that he does not waive the right to such a demand/application even in light of this Answer.

3. Pursuant to NRS 622A.330, even though Dr. Moore has provided this Answer, he specifically reserves the right to request a copy of all documents and other evidence intended to be presented by the Board at the hearing in support of its Accusation, as well as a list of proposed witnesses it intends to call at the hearing.

4. The answering Respondent hereby incorporates by reference those affirmative defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further investigation or discovery reveals the applicability of such defenses, this answering

Clark Hill, PLLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169
Ph. (702) 862-8300
Fax. (702) 862-8400
www.clarkhill.com

Respondent reserves the right to seek leave of the Board or appropriate authority to amend this Answer to specifically assert the same. Such defenses are herein incorporated by reference for the specific purpose of not waiving the same.

5. It has been necessary for this answering Respondent to employ the services of an attorney to defend this action and a reasonable sum should be allowed as and for attorney's fees, together with the costs expended in this action.

WHEREFORE, Dr. Moore prays the Accusation be dismissed, no discipline issue, that the initiating party take nothing by way of its Accusation and go hence with its costs.

Pursuant to NRS 639.244(2), this Answer is hereby signed by the answering Respondent's attorney.

Respectfully submitted this 4 day of February, 2022.

CLARK HILL, PLLC

By _____

John A. Hunt, Esq. (NSBN 1888)
3800 Howard Hughes Pkwy, Suite 500
Las Vegas, Nevada 89169
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
Attorneys for Respondent,
Sircy M. Moore, DVM

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 4 day of Feb, 2022, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENT, SIRCY M. MOORE, DVM** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: bkandt@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

By _____
An Employee of Clark Hill, PLLC

Clark Hill, PLLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169
Ph. (702) 862-8300
Fax. (702) 862-8400
www.clarkhill.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Sircy M. Moore, DVM, Certificate or Registration No. CS23796, by and through counsel**,** John A. Hunt, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 14, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about January 31, 2022, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. Respondent dispensed controlled substances and/or dangerous drugs without a valid dispensing practitioner registration, in violation of 21 U.S.C. **§** 822(a)(2), 21 U.S.C. **§** 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.7423;

B. Respondent permitted unrestricted and unsecured access to the stock of controlled substances and/or dangerous drugs at his practice, and failed to properly store, segregate and/or dispose of adulterated and/or expired drugs to ensure they could not be administered to patients, in violation of 21 CFR § 211.137, 21 CFR § 1301.71, NRS 639.282(1)(d), NAC 453.410(1)(d), NAC 639.601(1), NAC 639.7423(5) and/or NAC.639.745; and

C. Respondent failed to keep records and maintain inventories for controlled substances in conformance with the recordkeeping and inventory requirements of state and federal law, in violation of 21 U.S.C. § 842(a)(5), 21 CFR § 1304.04, 21 CFR § 1304.11, 21 CFR § 1304.21, NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1), NAC 639.7423(5) and/or NAC.639.745.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

9. Respondent timely complied with a December 9, 2021, cease and desist order and immediately applied for a dispensing practitioner registration.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Sircy M. Moore, DVM, Certificate or Registration No. CS23796, is hereby suspended. The suspension is stayed, and Respondent is placed on probation for one (1) year, subject to the following conditions:

A. Respondent shall pay a fine of Five Thousand Dollars ($5000.00), payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within ninety (90) days of the effective date of this Order;

B. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within ninety (90) days of entry of this Order;

C. Board inspectors shall conduct quarterly inspections of Doc Mo's Kindred Spirits Animal Hospital, and Respondent shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection; and

D. Respondent shall have no new charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS23796 will be fully restored.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965

directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of March, 2022

SIRCY M. MOORE, DVM,
Certificate of Registration No. CS23796

Signed this ___ day of March, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of March, 2022

JOHN A. HUNT, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Sircy M. Moore, DVM, Certificate or Registration No. CS23796, in Case No. 21-111-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSE DASTAS, RPH,** **Certificate of Registration No. 16114, and** **VERTISIS CUSTOM PHARMACY, LLC,** **Pharmacy License No. PH03778,** **Respondents.**	**CASE NOS. 18-130-RPH-S** **18-130-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jose Dastas, R.Ph. (Dastas), Certificate of Registration No. 16114, was a pharmacist registered with the Board, and Respondent Vertisis Custom Pharmacy, LLC ("Vertisis"), License No. PH03778, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent Vertisis is an out-of-state 503A compounding pharmacy located in Arizona. Respondent Dastas was the managing pharmacist of Vertisis at the time of the events alleged herein.

3. On or about August 20, 2018, a Board staff inspection of a Las Vegas medical practice providing intravenous hydration therapy revealed that Vertisis routinely compounded sterile products on a patient-specific prescription for administration to multiple patients.

4. In one instance, 30 ml vials of B Vitamin Complex Injection compounded by Vertisis were discovered without a patient name on the label. Records revealed that a total of 750 ml of B Vitamin Complex Injection (or 25 – 30 ml vials) were compounded by Vertisis on a prescription for one patient.

5. The investigation further revealed that Vertisis compounded the following sterile products on a patient-specific prescription submitted on or about January 24, 2018: 70 vials of ascorbic acid 50 ml (3500 ml total); 15 vials of dexpanthenol 250 mg/ml 30 ml (450 ml); 30 vials of glutathione 200 mg/ml 30 ml (900 ml); 100 vials of ascorbic acid 500 mg/ml 100 ml (10,000 ml); and sublingual sermorelin 300 mcg/ml 30 ml.

APPLICABLE LAW

6. Section 503A of the Federal Food, Drug, and Cosmetic Act permits a pharmacy to compound a drug product for an identified individual patient based upon a valid prescription. 21 USC § 353a.

7. No pharmacist should fill a prescription for a dangerous drug for use by any person other than the person for whom the prescription was originally issued or fill a prescription which is not genuine. NRS 454.231; NRS 454.311(3)(b).

8. Performing any duties as the holder of a license or registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(11) if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs.

10. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(12) if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy.

11. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.210(15); NRS 639.220(1), NRS 639.230(5); NAC 639.702.

12. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230(5); NAC 639.945(2); NAC 639.702.

COUNT ONE
Violations of Federal and State Law

13. Respondents violated 21 USC § 353a, NRS 454.231 and/or NRS 454.311(3)(b) when they compounded or permitted compounding of sterile products on patient-specific prescriptions for administration to multiple patients and are therefore subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unprofessional Conduct
(Respondent Dastas)

14. Respondent Dastas engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when he compounded or permitted compounding of sterile products on patient-specific prescriptions for administration to multiple patients and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Managing Pharmacist Responsibilities
(Respondent Dastas)

15. As the managing pharmacist of Vertisis at the time of the violations alleged herein, Dastas is responsible for those violations, including all errors and omissions of the pharmacy's employees, pursuant to NRS 639.210(15), NRS 639.220(1), and/or NRS 639.230(5).

COUNT FOUR
Pharmacy/Owner Responsibilities
(Respondent Vertisis)

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Vertisis is responsible for those violations, including all errors and omissions of Respondent Dastas and/or other pharmacy employees, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of licenses/registrations of these Respondents.

Signed this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer to the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSE DASTAS, RPH,** **Certificate of Registration No. 16114,** **Respondent.**	**CASE NO. 18-130-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671

or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jose Dastas, R.Ph.
[redacted] E Buckboard Ct
Gilbert, AZ 85297

Vertisis Custom Pharmacy, LLC
9343 E. Bahia Dr., Suite200
Scottsdale, AZ 85260

SHIRLEY HUNTING

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Email: bstilling@SHhealthlaw.com

Attorney for Respondent Vertisis Custom Compounding Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSE DASTAS, RPH,** **Certificate of Registration No. 16114, and** **VERTISIS CUSTOM PHARMACY LLC,** **Pharmacy License No. PH03778,** **Vertisis.**	**CASE NOS. 18-130-RPH-S** **18-130-PH-S** **VERTISIS'S ANSWER AND NOTICE OF DEFENSE**

Respondent Vertisis Custom Pharmacy, LLC ("Vertisis"), by and through its counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answers and provides notice of its defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declares as follows.

REQUEST FOR HEARING

Vertisis requests a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Vertisis admits, denies, and alleges as follows. Each reference to a "paragraph" is reference to a paragraph in the Notice.

JURISDICTION

1. Vertisis admits the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Vertisis admits the allegations in paragraph 2. Vertisis is a 503A pharmacy that specializes in providing integrative solutions to healthcare professionals treating individual patients. In 2021, Vertisis passed an NABP inspection. Before and since the events describe in the Notice, Vertisis has passed inspections by multiple regulatory agencies. Those inspections covered labeling prescriptions, the appropriateness of dispensing, and every other aspect of Vertisis's operations.

3. Vertisis denies the allegations in paragraph 3. Vertisis does not, and did not, compound sterile products for administration to multiple patients. Rather, Vertisis compounded sterile products for specific patients, labeled for specific patients, and with the intent and understanding that such products would be administered only to the patients for whom they were compounded and labeled. The physician who is in the patient records that Vertisis provided to the Board inspector had an address at a clinic in Henderson, Nevada. The documents provided to Vertisis as part of the Board's case file state that the inspection referenced in paragraph 3 is not the same address of the prescriber in Vertisis's records. The complaint form provided to Vertisis as part of the case file shows that the business complained of, and the one that is presumably referenced in paragraph 3 as "providing intravenous hydration therapy," is "Regenerate IV – Linq Hotel." The complaint alleged no "doctor, NP, or PA was there" and asked if "an RN can sell prescription drugs."

a. The most obvious inference from these facts is that the prescriber opened the box of vials labeled for a specific patient, transported them from his Henderson clinic to another clinic

at the Linq Hotel, and administered them to patients for whom they were not intended. This is something over which Vertisis had no control. In fact, Vertisis learned after the events in this case that the physician in question was criminally convicted in 2019 and was subject to discipline by this Board in 2021 and by the Nevada Osteopathic Board that same year.

4. Vertisis lacks sufficient knowledge to admit or deny the allegations in paragraph 4 and therefore denies the same. Vertisis explains the circumstances surrounding allegations in paragraph 4 as follows.

a. Based on the investigative documents Vertisis received from Board of Pharmacy staff, it appears the allegations in paragraph 4 are based on an instance when Vertisis dispensed multiple vials of B Vitamin Complex Injection for a specific patient. The case file depicts photographs of an apparently diverted Vertisis prescription medication found at Regenerate IV at the Linq Hotel hydration clinic. The investigative file does not contain photos of the box that would have contained the patient's name. Often vials are too small for pharmacies to place a label on (e.g., insulin). Thus, the label is placed on the outside container. The package containing the vials was labeled for the specific patient, with instructions for that patient, and with a description of the product as required by Nevada law. *See* examples of labels at Exhibit A (test patient used to protect patient confidentiality).

b. Vertisis often provides patient-specific, sterile injectable medications to prescribers in order to preserve the integrity of products and to allow safe administration of those products. Even the most well-intentioned patients cannot guarantee the appropriate storage and sterility if they receive such products to bring to the prescriber's office. In fact, many prescribers won't accept sterile injectable products for administration that patients have possessed.

c. On August 15, 2020, Jose Dastas, Pharm.D., Vertisis's PIC, passed away. Dr. Dastas had been the PIC for Vertisis since its opening in 2016. He was a highly skilled pharmacist, a decorated United States Air Force veteran, and a naturopathic physician who understood the clinical uses of the products involved in this case.

d. Dr. Dastas was the only Vertisis employee who would have had personal knowledge of the circumstances surrounding the dispensing of the items listed in paragraphs 4 and 5 of the Notice.

e. Dr. Dastas worked with many healthcare professionals that practice integrative medicine. Often, these prescribing professionals are executing protocols on identified individual patients that call for volumes of medication that are larger than what may be prescribed to treat simple deficiencies. The prescribing habits of these individuals are appropriate when one considers that they often go beyond treating deficiencies and seek to address physiological conditions. Vertisis's pharmacists review each prescription and utilize their professional judgement to confirm validity. Vertisis has a Quality Officer on staff and maintains policies and procedures to ensure that medication is not dispensed for office use.

f. Volumes like those alleged in paragraph 4 (750 ml of B Vitamin Complex) are not uncommon for administration to a single patient. In Integrative Medicine, such volumes are commonly utilized by physicians and these doses are safe. It is important to note that such doses are for treatment, not for supplementation to prevent deficiencies. Often, these prescribing professionals are executing protocols on identified individual patients that call for volumes of medication (vitamins, minerals, and amino acids) that can appear erroneous. The prescribing habits of these individuals are appropriate when one considers that they often go beyond treating deficiencies and seek to also address physiological conditions.

g. Specifically, 750mL of B Vitamin Complex in 30mL vials dispensed for administration to an individual patient may be used in the treatment of Methylenetetrahydrofolate Reductase (MTHFR) deficiency, malabsorption, fatigue, post-surgery, extreme vitamin deficiency, chelation therapy, adjunctive cancer supportive therapy, or any combination of these. Protocols for chronic disease and complex cases frequently call for aggressive IV treatment over the course of several months. Vertisis's formulation of B vitamin complex contains the following ingredients: $_{B1}$ 100 mg/mL, B_2 20mg/mL, B_3 50 mg/mL, B_5 50 mg/mL, $_{B6\ 50}$ mg/ml. If a patient were to be administered 6mL/day of Vertisis's B Vitamin Complex over a period of 125 days, the total amount of each active ingredient would remain below toxic levels. The beyond-use date (BUD) of Vertis's B Vitamin Complex formulation is 180 days from date compounded. The table below describes depicts this scenario.

Ingredient	**Amount (mg/ml)**	**Daily Amount (mg/6ml)**	**Reference Toxic Dose**
B_1 (Thiamine)	100mg	600mg	None Referenced
B_2 (Riboflavin)	20mg	120mg	None Referenced
B_3 (Niacinamide)	50mg	300mg	500 mg/day
B_5 (Dexpanthenol)	50mg	300mg	10-20g/day
B_6 (Pyridoxine)	50mg	300mg	S00mg/day

*Toxicity information obtained from the Linus Pauling Institute - Micronutrient Information Center. Values represent minimum doses referenced to have caused toxic effects **(Exhibit B).**

h. After Vertisis received the Board Investigator's request for documents in 2018, its personnel drafted and on January 2, 2019 implemented a standard operating procedure (SOP) establishing maximum volumes of medication to be dispensed for administration to an identified individual patient. *SOP-503A-9.18 Maximum Volumes of*. Given the concerns raised in 2018, Vertisis made a concerted effort to review and define maximum daily dosages for its commonly prescribed medications prior to employing this SOP. Vertisis will provide the SOP during the hearing. Vertisis professionals created these maximum dosages based on literature and professional judgement.

5. Vertisis lacks sufficient knowledge to admit or deny the allegations in paragraph 5 and therefor denies the same. *See* Vertisis's response to paragraph 5.

APPLICABLE LAW

6. Paragraphs 6 through 12 are purported to be statements of law and are not subject to admission or denial. To the extent such statements of law imply that Vertisis violated any of the laws and regulations cited therein, Vertisis denies the same.

COUNT ONE
Violations of Federal and State Law

7. Vertisis denies the allegations in paragraph 13

COUNT TWO
Unprofessional Conduct
(Respondent Dastas)

8. Vertisis denies the allegations in paragraphs 14.

COUNT THREE
Managing Pharmacist Responsibility
(Respondent Dastas)

9. Vertisis denies the allegations in paragraph 15.

COUNT FOUR
Pharmacy/Owner Responsibilities
(Respondent Vertisis)

10. Vertisis denies the allegations in paraph 16.

OTHER DEFENSES

11. Each cause of action fails to state a claim upon which relief can be granted.

12. The doctrine of laches bars the claims in this case. Laches is an equitable doctrine "'invoked when delay by one party works to the disadvantage of the other, causing a change of circumstances which would make the grant of relief to the delaying party inequitable'. . . Thus, laches is more than a mere delay in seeking to enforce one's rights; it is a delay that works to the

disadvantage of another." *Carson City v. Price*, 934 P.2d 1042, 1043 (Nev. 1997) (doctrine of laches barred injunctive relief when lawsuit was not filed until six months after public hearing). The Notice against Vertisis was filed three and a half years after the complaint form against Regenerate IV – at the Linq Hotel was filed. The complaint form was filed on July 5, 2018. Dr. Dastas, Vertisis's PIC died more than two years later—on August 15, 2020. Dr. Dastas was the only Vertisis employee with personal knowledge of communication with the prescriber and other facts surrounding the dispensing of the prescriptions listed in the Notice. Vertisis has been placed in an untenable position through no fault of its own. It would be unfair to prosecute this case where Vertisis's key witness, and only witness with personal knowledge that could refute the allegations, died more than two years after the facts of the case were known by the Board.

13. The causes of action in the Notice are moot. Vertisis has remedied any processes that could lead to a physician using a patient's medication for multiple patients.

14. Count One must be dismissed because the Nevada Board of Pharmacy is not an entity that can make determinations of violations of federal law.

15. Count Four against Vertisis based on a pharmacy owner's responsibility are without legal basis because Jose Dastas is deceased.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

16. To the extent Vertisis did not specifically admit allegations in the Notice, they deny such allegations.

17. Vertisis reserves all rights to assert additional defenses.

PRAYER FOR RELIEF

18. That the Notice be dismissed or that the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

19. That the Board dismiss all Causes of Acton in in the Notice.

20. That the Board provide further relief to Vertisis as it finds just and proper.

DATED this 23rd day of March 2022.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Vertisis

CERTIFICATE OF SERVICE

I hereby certify that on March 23, 2022, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

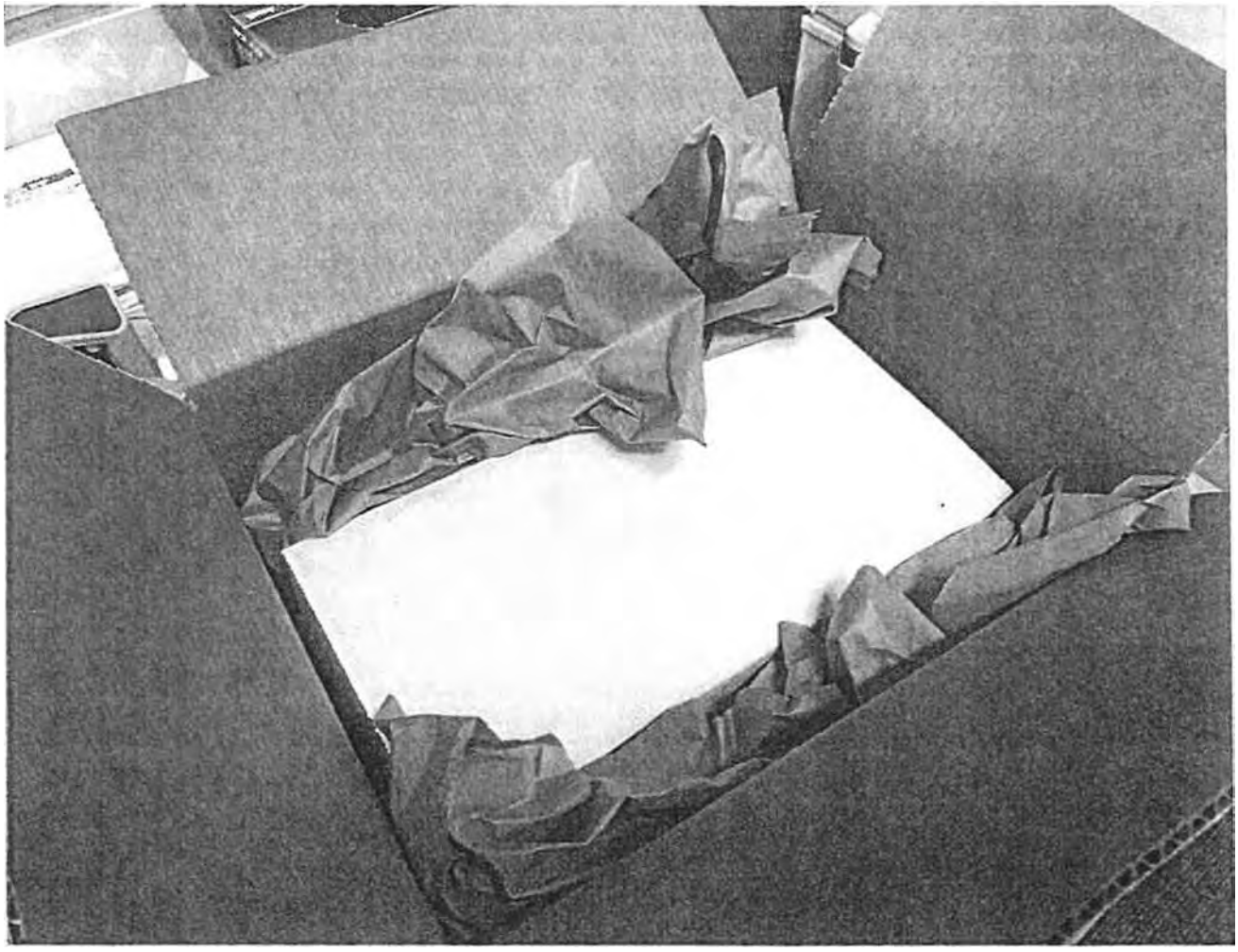
David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

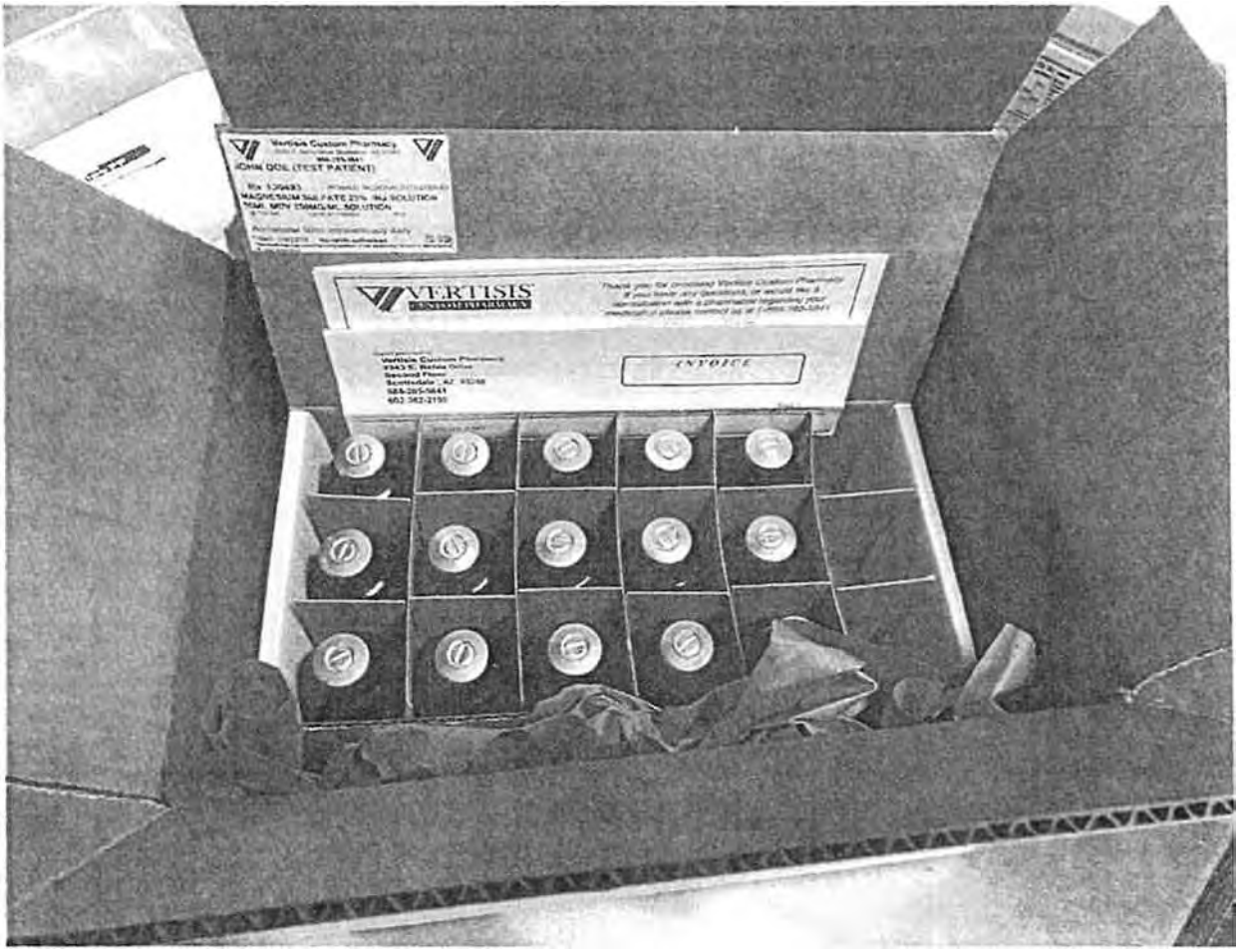


Exhibit A

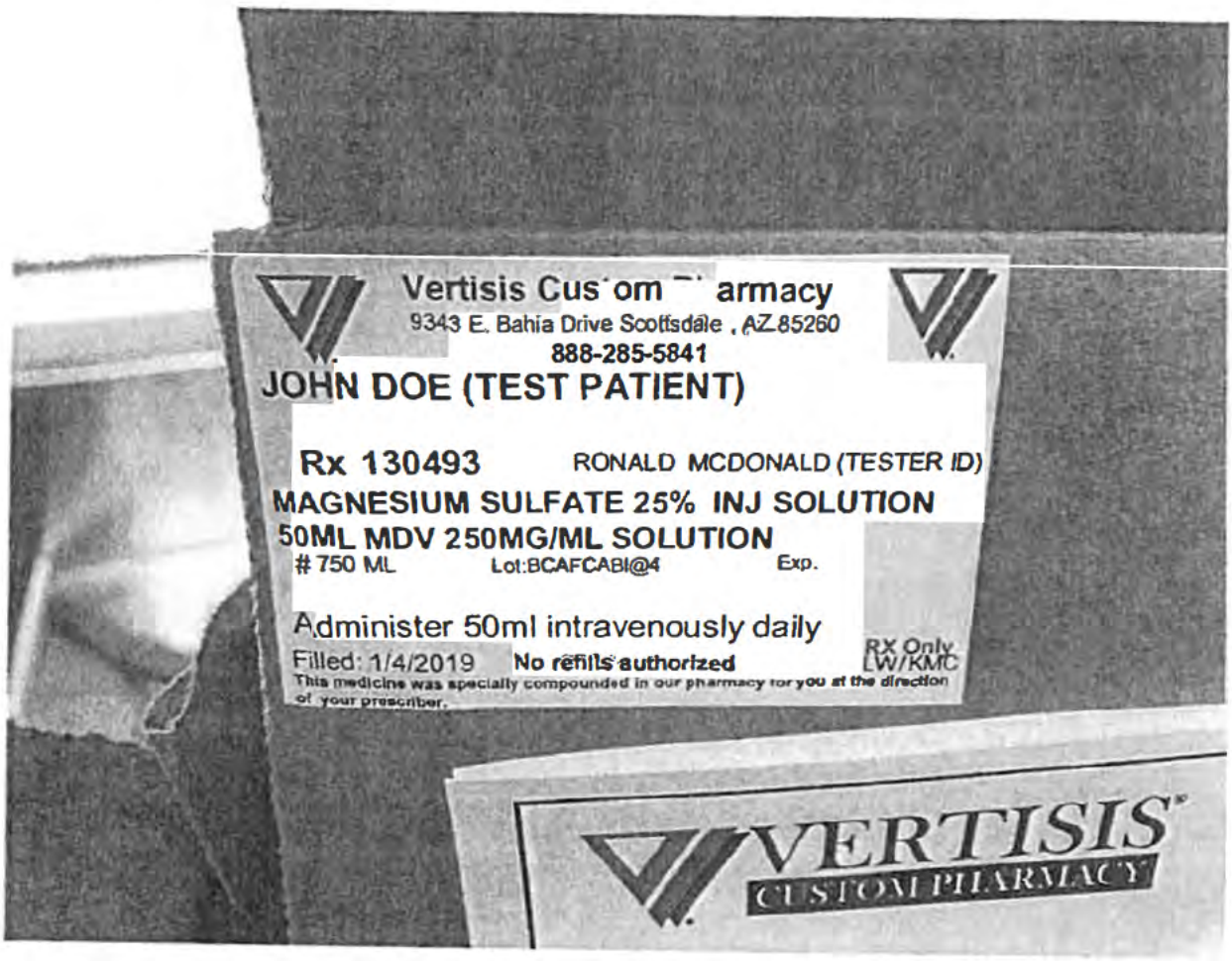
For your review, we have prepared a series of photos and captions that display the presentation of our shipments dispensed to doctor's offices pursuant to the receival of a valid prescription for an identified individual patient. Please note that these photos have been produced for demonstrative purposes only and are not reflective of an actual order.



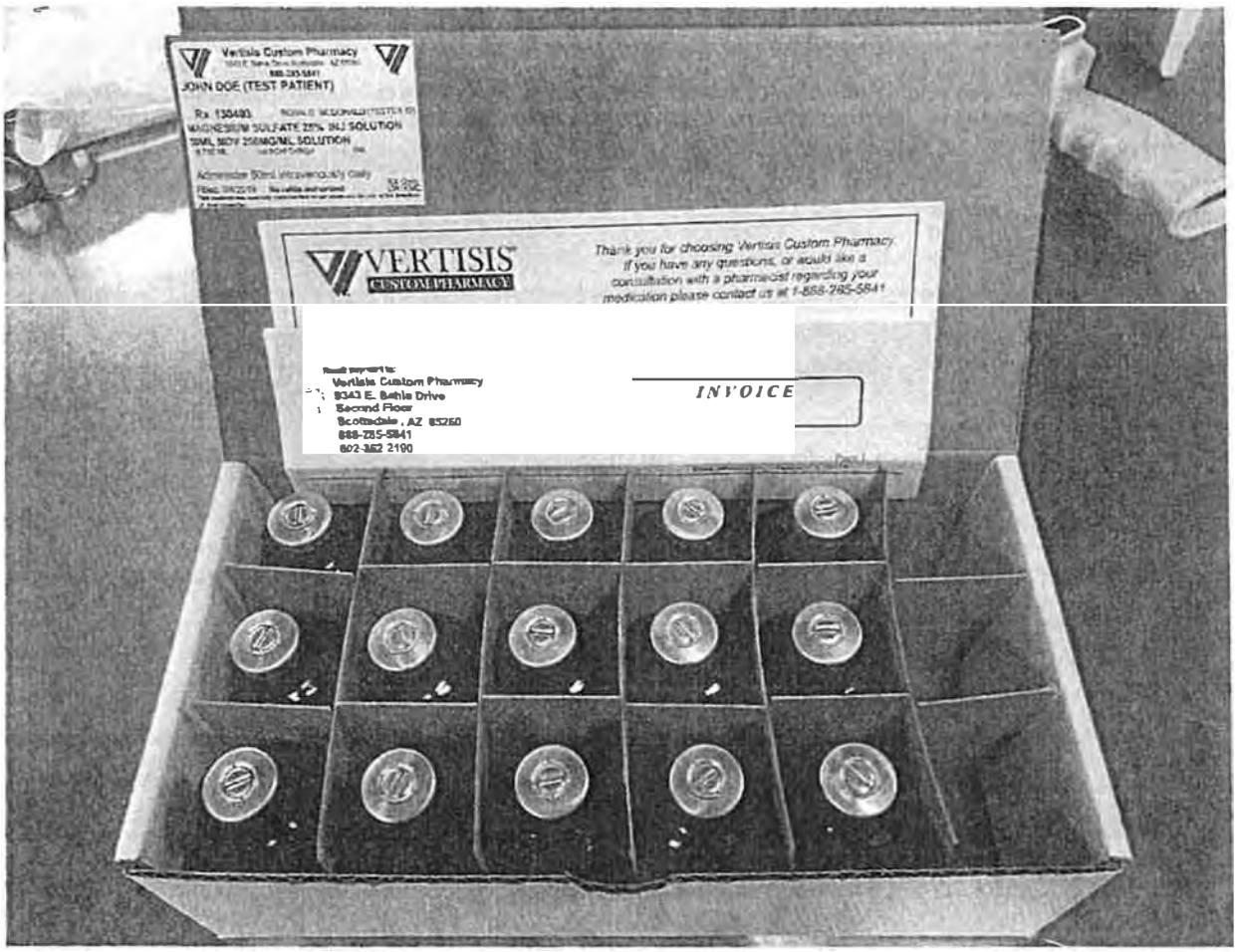
*The above photograph represents an example of what an order shipped to a prescriber looks like when the shipping box is initially opened.



*The above photograph depicts the presentation of an order once the medication box has been opened to reveal the prescription label associated with an identified individual patient and documents relevant to the order.



*The above photograph displays the prescription label that is affixed to the medicine box to ensure that the prescriber can identify the contents as belonging to a specific prescription for use with an identified individual patient.



* The above photograph depicts the presentation of an order once the medication box has been removed from the shipping box.

5S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VERTISIS CUSTOM PHARMACY, LLC, Pharmacy License No. PH03778,** **Respondent.**	**CASE NO. 18-130-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671

or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jose Dastas, R.Ph.
[redacted] E Buckboard Ct
Gilbert, AZ 85297

Vertisis Custom Pharmacy, LLC
9343 E. Bahia Dr., Suite200
Scottsdale, AZ 85260

SHIRLEY HUNTING

FILED
MAR 23 2022
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
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Attorney for Respondent Vertisis Custom Compounding Pharmacy

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NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSE DASTAS, RPH,** **Certificate of Registration No. 16114, and** **VERTISIS CUSTOM PHARMACY LLC,** **Pharmacy License No. PH03778,** **Vertisis.**	**CASE NOS. 18-130-RPH-S** **18-130-PH-S** **VERTISIS'S ANSWER AND NOTICE OF DEFENSE**

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a. The most obvious inference from these facts is that the prescriber opened the box of vials labeled for a specific patient, transported them from his Henderson clinic to another clinic

at the Linq Hotel, and administered them to patients for whom they were not intended. This is something over which Vertisis had no control. In fact, Vertisis learned after the events in this case that the physician in question was criminally convicted in 2019 and was subject to discipline by this Board in 2021 and by the Nevada Osteopathic Board that same year.

4. Vertisis lacks sufficient knowledge to admit or deny the allegations in paragraph 4 and therefore denies the same. Vertisis explains the circumstances surrounding allegations in paragraph 4 as follows.

a. Based on the investigative documents Vertisis received from Board of Pharmacy staff, it appears the allegations in paragraph 4 are based on an instance when Vertisis dispensed multiple vials of B Vitamin Complex Injection for a specific patient. The case file depicts photographs of an apparently diverted Vertisis prescription medication found at Regenerate IV at the Linq Hotel hydration clinic. The investigative file does not contain photos of the box that would have contained the patient's name. Often vials are too small for pharmacies to place a label on (e.g., insulin). Thus, the label is placed on the outside container. The package containing the vials was labeled for the specific patient, with instructions for that patient, and with a description of the product as required by Nevada law. *See* examples of labels at Exhibit A (test patient used to protect patient confidentiality).

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f. Volumes like those alleged in paragraph 4 (750 ml of B Vitamin Complex) are not uncommon for administration to a single patient. In Integrative Medicine, such volumes are commonly utilized by physicians and these doses are safe. It is important to note that such doses are for treatment, not for supplementation to prevent deficiencies. Often, these prescribing professionals are executing protocols on identified individual patients that call for volumes of medication (vitamins, minerals, and amino acids) that can appear erroneous. The prescribing habits of these individuals are appropriate when one considers that they often go beyond treating deficiencies and seek to also address physiological conditions.

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h. After Vertisis received the Board Investigator's request for documents in 2018, its personnel drafted and on January 2, 2019 implemented a standard operating procedure (SOP) establishing maximum volumes of medication to be dispensed for administration to an identified individual patient. *SOP-503A-9.18 Maximum Volumes of.* Given the concerns raised in 2018, Vertisis made a concerted effort to review and define maximum daily dosages for its commonly prescribed medications prior to employing this SOP. Vertisis will provide the SOP during the hearing. Vertisis professionals created these maximum dosages based on literature and professional judgement.

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APPLICABLE LAW

6. Paragraphs 6 through 12 are purported to be statements of law and are not subject to admission or denial. To the extent such statements of law imply that Vertisis violated any of the laws and regulations cited therein, Vertisis denies the same.

COUNT ONE
Violations of Federal and State Law

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COUNT TWO
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(Respondent Dastas)

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Pharmacy/Owner Responsibilities
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OTHER DEFENSES

11. Each cause of action fails to state a claim upon which relief can be granted.

12. The doctrine of laches bars the claims in this case. Laches is an equitable doctrine "'invoked when delay by one party works to the disadvantage of the other, causing a change of circumstances which would make the grant of relief to the delaying party inequitable'. . . Thus, laches is more than a mere delay in seeking to enforce one's rights; it is a delay that works to the

disadvantage of another." *Carson City v. Price*, 934 P.2d 1042, 1043 (Nev. 1997) (doctrine of laches barred injunctive relief when lawsuit was not filed until six months after public hearing). The Notice against Vertisis was filed three and a half years after the complaint form against Regenerate IV – at the Linq Hotel was filed. The complaint form was filed on July 5, 2018. Dr. Dastas, Vertisis's PIC died more than two years later—on August 15, 2020. Dr. Dastas was the only Vertisis employee with personal knowledge of communication with the prescriber and other facts surrounding the dispensing of the prescriptions listed in the Notice. Vertisis has been placed in an untenable position through no fault of its own. It would be unfair to prosecute this case where Vertisis's key witness, and only witness with personal knowledge that could refute the allegations, died more than two years after the facts of the case were known by the Board.

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14. Count One must be dismissed because the Nevada Board of Pharmacy is not an entity that can make determinations of violations of federal law.

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RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

16. To the extent Vertisis did not specifically admit allegations in the Notice, they deny such allegations.

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DATED this 23rd day of March 2022.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Vertisis

CERTIFICATE OF SERVICE

I hereby certify that on March 23, 2022, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

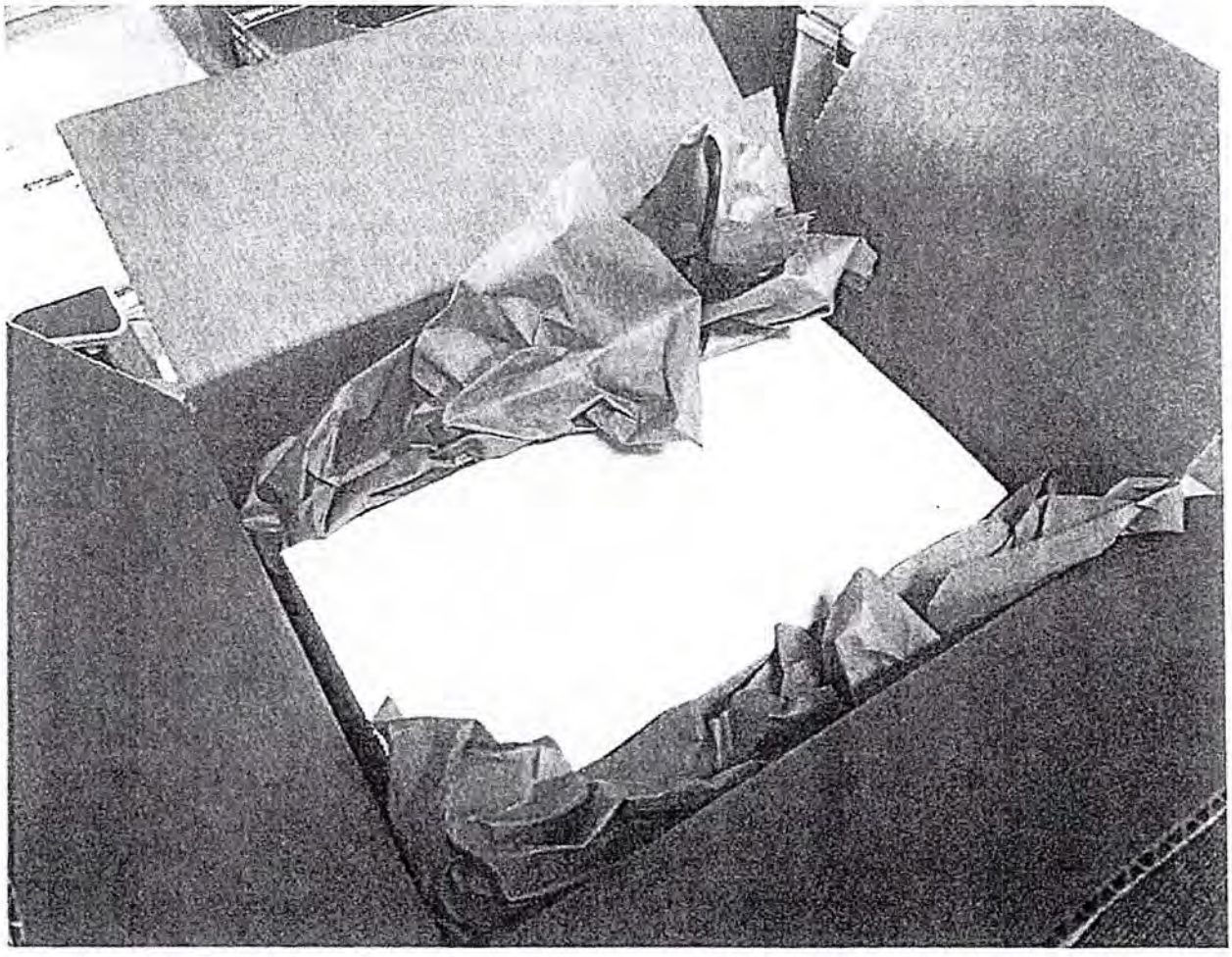
David Wuest
Executive Secretary
Nevada State Board of Pharmacy
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Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



Exhibit A

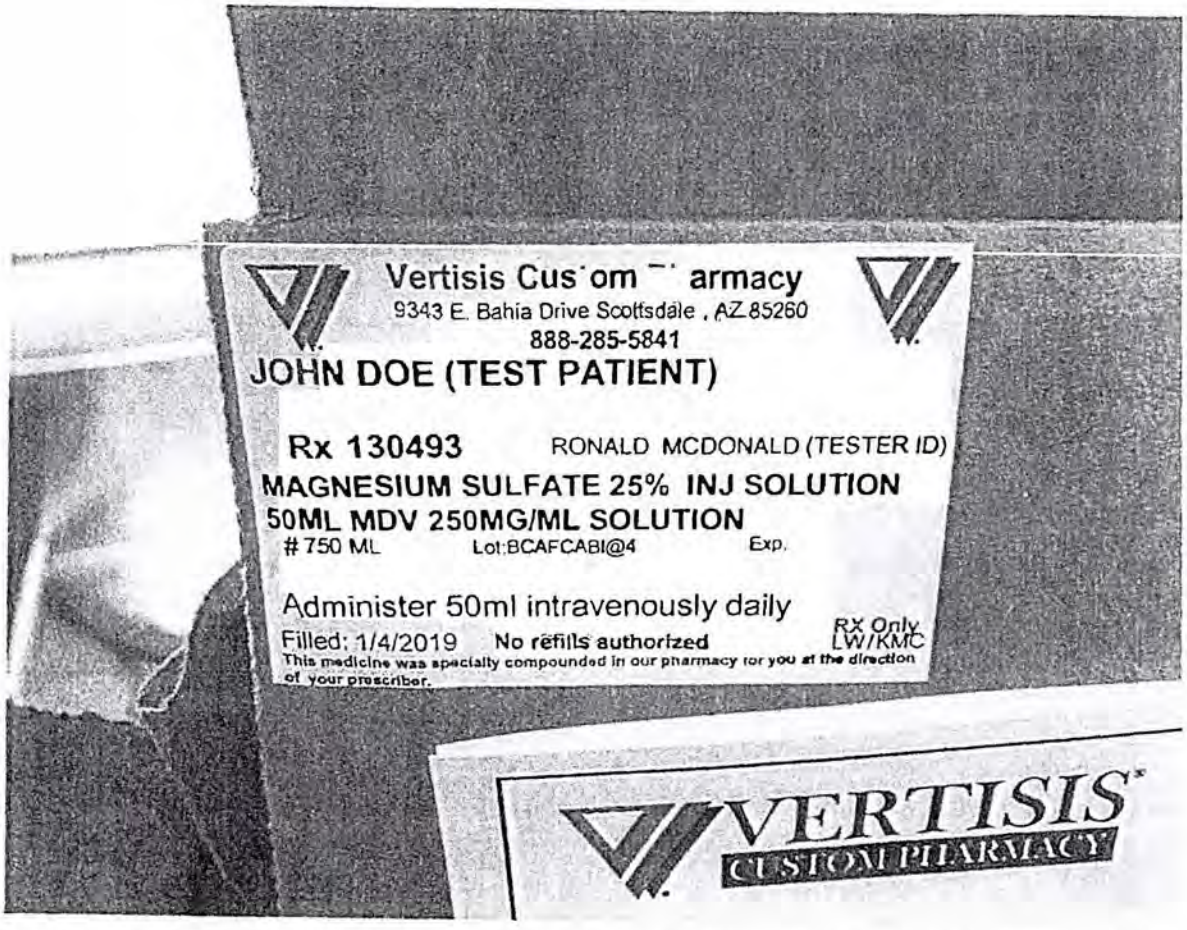
For your review, we have prepared a series of photos and captions that display the presentation of our shipments dispensed to doctor's offices pursuant to the receival of a valid prescription for an identified individual patient. Please note that these photos have been produced for demonstrative purposes only and are not reflective of an actual order.



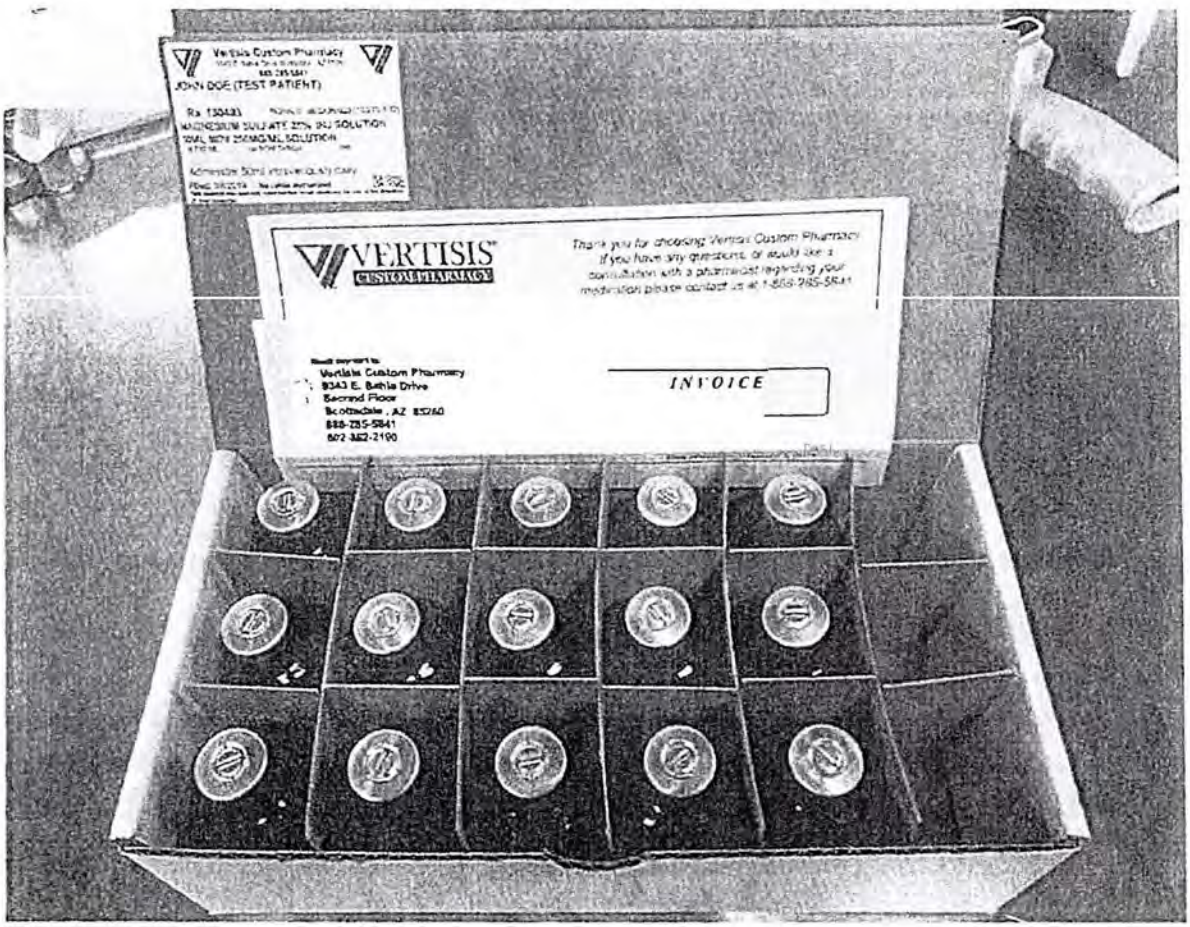
*The above photograph represents an example of what an order shipped to a prescriber looks like when the shipping box is initially opened.



*The above photograph depicts the presentation of an order once the medication box has been opened to reveal the prescription label associated with an identified individual patient and documents relevant to the order.



*The above photograph displays the prescription label that is affixed to the medicine box to ensure that the prescriber can identify the contents as belonging to a specific prescription for use with an identified individual patient.



* The above photograph depicts the presentation of an order once the medication box has been removed from the shipping box.

5T

FILED
FEB 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**Case No. 22-019-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD, held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about July 24, 2020, Respondent was served with a Notice of Intended Action and Accusation (Accusation) in Case No. 19-003-A-S, alleging violations of federal and state law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

3. On or about February 23, 2021, Respondent was served with an Order of Summary Suspension of his Certificate of Registration No. CS19745 pursuant to NRS 233B.127(3) and NRS 453.241(3).

4. On February 25, 2021, Respondent surrendered his DEA Certificate of Registration No. FK2904793 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

5. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

6. On or about December 7, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-8734-1 and revoked Respondent's License No. 6899 to practice medicine for cause.

APPLICABLE LAW

7. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

8. A practitioner must hold a license to practice his or her profession in this State to possess, administer and any dangerous drug, and must be registered with the Board to dispense a dangerous drug. NRS 454.213; NRS 454.215; NRS 454.221; NRS 454.321; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

9. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or

639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

COUNT ONE
Surrender of DEA Registration for Cause

10. By surrendering his DEA Certificate of Registration No. FK2904793 for cause, Respondent has admitted to failing to comply with federal requirements pertaining to controlled substances, has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized to possess, administer, prescribe or dispense controlled substances under federal or state law as cited in paragraphs 7 and 8 herein, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

COUNT TWO
Revocation of License to Practice Medicine in Nevada

11. Due to the revocation for cause of his License No. 6899 by the NSBME, Respondent is no longer a licensed practitioner qualified for registration to possess, administer, prescribe and/or otherwise dispense controlled substances or dangerous drugs under federal or state law as cited in paragraphs 7 and 8 herein, has committed acts that render his registration to dispense controlled substances or dangerous drugs inconsistent with the public interest, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

12. The pre-hearing suspension of Respondent's Certificate of Registration Nos. CS19745 and PD00722 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 22-019-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 22-019-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ABDEL M. KHALEK, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
[redacted] S. Fort Apache Road Unit 102
Las Vegas, Nv 89148

Abdel M. Khalek, MD
[redacted] N. Nellis Blvd., Ste. 6
Las Vegas, NV 89110

Abdel M. Khalek, MD
[redacted] Starboard Ave.
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
FEB 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**Case No. 19-003-A-S** **ORDER OF SUMMARY SUSPENSION**

Prior to the preparation of this Order of Summary Suspension, Nevada State Board of Pharmacy (Board) staff presented evidence and information to J. David Wuest, R.Ph., Executive Secretary, regarding Abdel M. Khalek, MD, Certificate of Registration No. CS19745. Upon review of the evidence and information, the Executive Secretary has determined that Certificate of Registration No. CS19745 is subject to summary suspension pursuant to NRS 233B.127(3) and NRS 453.241(3), based upon the following preliminary findings:

1. Charges are pending against Respondent for, in relevant part, permitting the use of his log-on information to e-scribing systems by unlicensed persons and/or failing to secure his secondary authenticator for e-scribing, and violating, attempting to violate, assisting or abetting in the violation of, or conspiring to violate, or knowingly permitting or failing to report a violation of federal and state law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05

2. While those charges are pending, Respondent has failed to review his prescriber activity in the Nevada Prescription Monitoring Program database to report suspected illegal activity and/or unauthorized use of his name and credentials to prescribe controlled substances, in violation of NRS 453.164(7)(a).

3. As of the date of this Order, the Executive Secretary has reasonably determined that the health, safety, or welfare of the public and any patient served by Respondent in the State of Nevada is at risk of imminent harm based upon the findings in paragraphs 1 and 2 above.

4. Based on the foregoing, the Executive Secretary has reasonably determined that a summary suspension of Respondent's Certificate of Registration No. CS19745 is necessary to remove the risk of imminent harm to the health, safety and welfare of the public.

Accordingly, pursuant to NRS 233B.127(3) and NRS 453.241(3):

IT IS HEREBY ORDERED that the Certificate of Registration CS19745 is **SUMMARILY SUSPENDED** until further order of the Board; and,

IT IS FURTHER ORDERED that a public hearing to determine whether this suspension may continue has been set for:

Wednesday, 4/14/2021
9:00 AM or soon thereafter
Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.
Via Videoconference at Zoom:
https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to

your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

IT IS SO ORDERED.

Entered this 23rd day of February, 2021.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of February. 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
[redacted] N. Nellis Blvd - Suite 6
Las Vegas NV 89110

Abdel M. Khalek, MD
[redacted] S. Fort Apache Road - Unit 102
Las Vegas NV 89148



BRETT KANDT

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

File No.

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
Abdel M. Khalek	3430 E. Flamingo Rd., Ste. 104, Las Vegas, NV 89121
DEA REGISTRATION NO. FK2904793	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
[signature]	02 25 2021

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
[signature] 02/25/2021	~~02/25/2021~~
NAME AND DATE	TITLE
[signature] 2/25/21.	

Efstathia Politsopoulos, Diversion Investigator 2/26/2021

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **ABDEL MALICK KHALEK, M.D., Respondent.**	**Case No. 21-8734-1**

FILED
DEC - 7 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

This case was presented for adjudication and decision before the Nevada State Board of Medical Examiners (Board), during a regularly scheduled Board meeting on December 3, 2021, at 8:40 a.m., (Pacific Standard Time), located at 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119. Abdel Malick Khalek, M.D. (Respondent), was properly served with a notice of the adjudication, including the date, time, and location. Respondent was not present personally or through an attorney. Rosalie M. Bordelove, Esq., Chief Deputy Attorney General, served as legal counsel to the Board. The adjudicating members of the Board rendering these Findings of Fact, Conclusions of Law (FOFCOL) and Order are: Victor M. Muro, M.D., Ms. Maggie Arias-Petrel, Ms. Pamela J. Beal, Nicola (Nick) M. Spirtos, M.D., FACOG, and Carl N. Williams, Jr., M.D., FACS.

The Board, having received and read the formal Complaint and exhibits admitted at the hearing of this matter, the Hearing Officer's Findings and Recommendations[1], and the transcript of the hearing, made its decision pursuant to its authority and provisions of the Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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[1] The Hearing Officer's Findings and Recommendations were prepared by Patricia Halstead, Esq., who was appointed as Hearing Officer under NRS 630.106 in this matter and presided over the hearing.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The Board, after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER in this matter, as follows:

FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada issued by the Board from August 14, 1993 to June 30, 2021.

II.

On February 1, 2021, the Investigative Committee filed its formal Complaint in Case No. 21-8734-1, alleging Respondent violated the Medical Practice Act. Respondent was served with the Complaint on February 18, 2021, at his address of record with the Board. Pursuant to NRS 630.254, each licensee shall maintain a permanent mailing address with the board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change.

The Complaint alleges two (2) violations of the Medical Practice Act that constitute grounds for initiating disciplinary action against a licensee, as follows: one (1) violation of NRS 630.306(1)(c), Unlawful Prescribing of Controlled Substances and Dangerous Drugs (Count I); and one (1) violation of NRS 630.305(1)(e), Aiding and Assisting the Unlicensed Practice of Medicine (Count II). Respondent did not answer or file a response to the allegations set forth in the Complaint. Pursuant to NAC 630.460(4), the allegations of the Complaint are deemed generally denied if an answer is not filed.

III.

An Order Scheduling Early Case Conference was filed on April 12, 2021, scheduling the Early Case Conference for the pending matter for May 6, 2021, at 10:00 a.m. This Order was mailed via USPS Certified Mail, postage pre-paid, on April 13, 2021 to Respondent's address of record. In addition, Respondent was contacted several times by telephone, whereby he was repeatedly informed of the proceedings, including the date, time and how to participate in the

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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telephonic Early Case Conference. An Affidavit describing attempts to contact Respondent was filed on May 3, 2021, and was delivered on May 6, 2021, at 3:40 p.m., to Respondent's address of record with the Board. On May 6, 2021, a telephonic Early Case Conference was conducted in this matter. Aaron Bart Fricke, J.D., General Counsel, (Mr. Fricke) was present on behalf of the Investigative Committee (IC) of the Board, with Hearing Officer Patricia Halstead, Esq. Respondent did not appear or participate. The parties agreed to dates for the pre-hearing conference, exchange of documents, and the hearing date.

In compliance with NAC 630.465, a Scheduling Order, setting pre-hearing and hearing was filed on May 12, 2021, setting the pre-hearing conference for July 20, 2021, at 10:00 a.m., and setting the hearing for August 26, 2021, at 8:00 a.m., at the Office of the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521, and video conferenced to the Board's Las Vegas Office, located at 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119. The Scheduling Order was delivered to Respondent at his address of record via USPS Certified Mail on May 17, 2021, at 1:27 p.m.

An Order Continuing Prehearing Conference was then filed on July 19, 2021, changing the Pre-Hearing Conference to July 27, 2021, the remainder of the Scheduling Order filed on May 12, 2021, remained the same. The Order Continuing Prehearing Conference was delivered to Respondent at his address of record via USPS Certified Mail on July 24, 2021, at 1:44 p.m.

The Pre-Hearing Conference was held telephonically as noticed and ordered, at which time, legal counsel for the IC, Mr. Fricke, appeared. Neither the Respondent nor any representative of the Respondent appeared at the Pre-Hearing Conference.

IV.

On August 26, 2021, as duly noticed and ordered, a hearing was held before the Hearing Officer to receive evidence and to hear the arguments of both parties. Legal counsel for the IC, Mr. Fricke, appeared. Respondent did not attend the hearing, nor did he have counsel appear on his behalf. Mr. Fricke presented the IC's case, offered documentary evidence and presented witness testimony. Exhibits 1 through 16, were marked and admitted into evidence.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Pursuant to NRS 622A.350(1) and (2), as Respondent did not appear and as a continuance had not been scheduled, sought or granted, Mr. Fricke made an offer of proof on the record that Respondent was given sufficient legal notice. Upon a determination by the regulatory body or hearing panel or officer that the absent party was given sufficient legal notice, the regulatory body or hearing panel or officer may proceed to consider and dispose of the case without the participation of the absent party. Based thereon, good cause appearing, the Hearing Officer found that sufficient legal notice had been provided to the Respondent, and therefore found that the Board may accept the IC's allegations against the Respondent in the Complaint as true.

Notwithstanding the presumption afforded the Board pursuant to NRS 622A.350(2), Mr. Fricke presented the IC's case in its entirety, thus establishing a record for the Board to review the case on the merits.

The Hearing Officer provided the Findings and Recommendations, filed October 21, 2021. This matter was scheduled for final adjudication on December 3, 2021, at a regularly scheduled Board meeting.

The notice of the adjudication was sent via USPS Certified Mail on October 27, 2021, and was delivered on Respondent's address of record on November 1, 2021, at 1:52 p.m.

A copy of the adjudication materials along with a copy of the Hearing Officer's Findings and Recommendation, were mailed via USPS Certified Mail on November 2, 2021, and were delivered to Respondent's address of record on November 5, 2021, at 3:35 p.m.

V.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved and adopted by the Board, in their entirety and without modification, and are hereby specifically incorporated and made part of this Order by reference. A copy of the Findings and Recommendations filed October 21, 2021, in this matter is attached hereto as **Exhibit 1**.

VI.

The Board hereby finds that Counts I and II, as set forth in the Complaint, and as recapitulated in Paragraph II above, have been established by a preponderance of the evidence.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VII.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent and the Complaint, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaint, and all notices and orders in advance of the hearing and adjudication thereon, in accordance with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and all legal requirements of due process.

III.

With respect to the allegations of the Complaint, the Board concludes that Respondent has violated the Medical Practice Act, as alleged in the Complaint, as follows: one (1) violation of NRS 630.306(1)(c), Unlawful Prescribing of Controlled Substances and Dangerous Drugs (Count I); and one (1) violation of NRS 630.305(1)(e), Aiding and Assisting the Unlicensed Practice of Medicine (Count II). Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, recovery from Respondent of reasonable attorneys' fees and costs incurred by the Board as part of its investigation and disciplinary proceedings against Respondent is appropriate. The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds them to be reasonable and necessary based on: (1) the abilities, training, education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

V.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. Pursuant to NRS 630.352(4)(e), the Board shall administer a written public reprimand to Respondent.

2. Pursuant to NRS 630.352(4)(d), Respondent's license to practice medicine is hereby revoked. In accord with NRS 622A.410(1), the Board hereby prescribes a period of two (2) years, during which Respondent may not apply for reinstatement of this license;

3. Pursuant to NRS 630.352(4)(h), Respondent is hereby ordered to pay a fine of two thousand five-hundred dollars ($2,500.00) per violation of the Medical Practice Act, for a total fine in the amount of five thousand dollars ($5,000.00), to be paid within sixty (60) days of service of this Order; and

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(775) 688-2559

4. Respondent is hereby further ordered to reimburse the Board the reasonable and necessary costs and expenses actually incurred in the investigation and prosecution of this case in the amount of eleven thousand five hundred seventy dollars and sixty-eight cents ($11,570.68), to be paid within sixty (60) days of service of this Order. The Board, and/or its designee, are granted the authority to collect any and all funds due under this Order.

IT IS SO ORDERED.

DATED this 7th day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATION

I certify that the foregoing is the full and true original **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** on file in the office of the Board of Medical Examiners in the matter of **ABDEL MALICK KHALEK, M.D.**, Case No. 21-8734-1.

I further certify that Victor M. Muro, M.D., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Victor M. Muro, M.D.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 7th day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
Secretary-Treasurer and Public Member of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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EXHIBIT 1

EXHIBIT 1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

ABDEL MALICK KHALEK, M.D.,

Respondent.

Case No. 21-8734-1

FILED
OCT 21 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FINDINGS AND RECOMMENDATIONS

TO: Aaron Bart Fricke
Senior Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Abdel Malick Khalek, M.D.
320 N. Nellis Blvd., Ste 6
Las Vegas, NV 89509

This matter came for hearing on August 26, 2021. Present were Aaron Fricke, Esq. on behalf of the Investigative Committee (the "IC") and the undersigned hearing officer. Respondent Abdel Malick Khalek, M.D. ("Dr. Khalek") did not appear nor otherwise participate.

Notice to Dr. Khalek was confirmed on the record. Specifically, proof was submitting indicating that the Scheduling Order, filed May 12, 2021, which contained notice of the hearing was sent by certified mail to Dr. Khalek at his last known address on file with the Nevada State Board of Medical Examiners (the "Board"). *See* NRS 630.254; NRS 630.255; NRS 630.344; and Volume 1, Exhibits 6-7. While Dr. Khalek had communications with the Board, the record indicates that he did not provide an alternative address, was aware of the proceedings, and did not

engage in the proceedings despite several notices and attempts to contact him.[1] *See* Volume 1, Exhibits 1-11. No continuance of the hearing was requested by any interested party.

With Dr. Khalek having failed to appear and no continuance having been requested nor granted, the matter was heard as scheduled pursuant to NRS 622A.350, which provides:

> 1. If a party fails to appear at a scheduled hearing and a continuance has not been scheduled or granted, any party who is present at the hearing may make an offer of proof that the absent party was given sufficient legal notice. Upon a determination by the regulatory body or hearing panel or officer that the absent party was given sufficient legal notice, the regulatory body or hearing panel or officer may proceed to consider and dispose of the case without the participation of the absent party.
>
> 2. If the licensee fails to appear at a hearing, the regulatory body or hearing panel or officer may accept the allegations against the licensee in the charging document as true.

As well as pursuant to NAC 630.470(2), which provides: "If a licensee fails to appear at a scheduled hearing and no continuance has been requested and granted, the evidence may be heard and the matter may be considered and disposed of on the basis of the evidence before the Board, panel or hearing officer in the manner required by this section."

In so proceeding, undersigned heard evidence from the IC in support of the Complaint allegations that consist of: Count I, NRS 630.306(1)(c), Unlawful Prescribing of Controlled Substance and Dangerous Drug; and Count II, NRS 630.305(1)(e), Aiding and Assisting the Unlicensed Practice of Medicine, premised upon controlled substances being addressed by unlicensed practitioner Vinay Kumar Bararia, M.D. by and through credentials held by Dr. Khalek. Through sworn testimony of Senior Investigator for the Nevada State Board of Medical Examiners Kim Friedman, and through the admission of Volume 1, Exhibits 1-11 and Volume II, Exhibits 1-16, the IC established as follows:

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[1] In this respect, there are no filings in the record on behalf of Dr. Khalek including, but not limited to, an Answer to the Complaint.

1. Dr. Khalek was employed by Goldsmith Healthcare, Ltd., a medical clinic located in Las Vegas, Nevada, which was sold to Nevada Health Services, LLC in August 2018. *See* Volume II, Exhibit 14.

2. Nevada Health Services, LLC did business as "TrimCare" and was owned and operated by Vinay Kumar Bararia, M.D. ("Bararia"), who had surrendered his Nevada medical license in March 2013, in the midst of an indictment in the State of Arizona for seven counts of violating 21 USC §841 and §846 and conspiring to distribute controlled substances, possession of controlled substances with the intent to distribute, and distribution of controlled substances. In relation to such charges, Bararia was convicted on September 18, 2014 of two counts of Distribution of a Controlled Substance, a violation of 21 USC §841(a)(1) and (b)(1)(c). *See* Volume II, Exhibits 2, 4, 6, and 7.

3. Financial dealings beyond an employer/employee relationship occurred as between Bararia and Dr. Khalek whereby Dr. Khalek provided Bararia with a cashier's check for $75,000 issued on October 16, 2018, approximately two months after Bararia's purchase of Goldsmith Healthcare, Ltd. *See* Volume II, Exhibit 14, Exhibit B. Dr. Khalek indicates the money was provided to Bararia as a loan in support of Bararia's purchase of Goldsmith Healthcare, Ltd.; however, evidence provided by Dr. Khalek and submitted the IC indicates that the sums were provided in contemplation of a 50/50 partnership in Nevada Health Services, LLC (DBA TrimCare), which is supported by the purchase price for Goldsmith Healthcare, Ltd. being $150,000,[2] of which the money provided by Dr. Khalek equals exactly half. *See* Volume II, Exhibit 14, Exhibits C and D, *see also* the August 26, 2021, Transcript of Hearing Proceedings, pp. 105-107. The partnership was never finalized in writing and, in November 2018, Bararia agreed to repay the $75,000 to Dr. Khalek. *See* Volume II, Exhibit 14, Exhibit D.

4. Dr. Khalek continued to work for Nevada Health Services, LLC through April 2019 when he quit. *See* Exhibit 14.

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[2] This figure was stated in argument and not testified to. *See* the August 26, 2021, Transcript of Hearing Proceedings, p. 19.

5. Commencing in late 2018 and through early 2019, prior to leaving Nevada Health Services, LLC, Dr. Khalek began to lodge complaints against Bararia with regulatory agencies such as the Board and the Nevada State Board of Pharmacy, alleging "multiple felonies" being committed by Bararia, which included, but was not limited to, practicing medicine without a license and unlawful distribution of controlled substances. *See, e,g.,* Volume II, Exhibit 11; the August 26, 2021, Transcript of Hearing Proceedings, pp. 63-67.

6. Dr. Khalek reported that Bararia was meeting and treating patients unsupervised by a licensed physician and in so doing was improperly utilizing Dr. Khalek's credentials and access to distribute and prescribe controlled substances. Id. Dr. Khalek was aware of the same but failed to stop Bararia from doing so by not seeking to eliminate Bararia's access to the controlled substances for which Dr. Khalek was responsible and by failing to report his dispensing credentials as compromised, amongst other possible remedies Dr. Khalek could have availed himself of. Id. and the August 26, 2021, Transcript of Hearing Proceedings, pp. 67-69.

7. Prescription Monitoring Reports related to Nevada Health Services, LLC dated 09/01/2018 to 06/04/2019 indicate that 657 prescriptions for controlled substances were issued and attributed to 358 patients of which Dr. Khalek could only account for 57 of the patients. *See* Volume II, Exhibits 14-16. Dr. Khalek reported that he does "not know how the remaining patients may have obtained prescriptions dispensed under his name," but this is belied by Dr. Khalek's own reports of Bararia improperly dispensing and prescribing controlled substances and Bararia having Dr. Khalek's credential information such as Dr. Khalek's DEA licensing number. *See, e.g.,* Volume II, Exhibits 8 and 11. Dr. Khalek also indicates that he did not want to disturb the status quo, sort to speak, with Bararia pending being paid back the $75,000. *See* Volume II, Exhibit 16.

8. Records submitted and testified to further support that Bararia was permitted to purchase controlled substances for distribution by using of Dr. Khalek's credentials, which Dr. Khalek would have had to provide to Bararia. *See* Volume II, Exhibits 8-12; the August 26, 2021, Transcript of Hearing Proceedings, pp. 48-57.

9. Testimony was further provided by Ms. Friedman that Dr. Khalek admitted to her that he was aware of Bararia treating patients without supervision despite not being properly licensed or supervised; writing prescriptions for patients seen by Bararia without having seen the patients himself; allowing Bararia to have a key to the controlled substance storage area that held controlled substances that were the charge of Dr. Khalek; and Nevada Health Services, LLC staff having access to an e-prescribing phone whereby controlled substances were prescribed under Dr. Khalek's credentials. *See* the August 26, 2021, Transcript of Hearing Proceedings, pp. 63-66.

WHEREFORE the undersigned hearing officer finds as follows:

Proper notice of the proceedings, inclusive of the evidentiary hearing, was provided to Dr. Khalek and no continuance of the evidentiary hearing was sought nor granted;

Pursuant to NRS 622A.350(2) the undersigned accepts the allegations against Dr. Khalek in the Complaint, filed February 1, 2001, as true;

Aside from the authority granted by NRS 622A.350(2), the undersigned hearing officer finds that the IC established a violation of Count I, NRS 630.306(1)(c), Unlawful Prescribing of Controlled Substance and Dangerous Drug, by establishing, as alleged, that Dr. Khalek allowed Bararia to have access to, dispense, and prescribe controlled substances to patients with whom Dr. Khalek had no bona fide therapeutic relationship by using Dr. Khalek's access and credentials, and that Dr. Khalek further failed to monitor and evidence such transactions in accordance with required reporting and record keeping, which compounded the improprieties engaged in by Dr. Khalek with respect thereto. The foregoing establishes that Dr. Khalek administered, dispensed, or prescribed controlled substances to others in a manner not authorized by law as contemplated by NRS 630.306(1)(c).

Aside from the authority granted by NRS 622A.350(2), the undersigned hearing officer finds that the IC established a violation of Count II, NRS 630.305(1)(e), Aiding and Assisting the Unlicensed Practice of Medicine, by establishing that Dr. Khalek furnished his credentials to Bararia, an unlicensed person, and knowingly permitted Bararia to utilize the same in treating and dispensing and otherwise prescribing to patients controlled substances nor tracked nor otherwise managed by Dr. Khalek as was Dr. Khalek's obligation. The foregoing establishes that Dr.

Khalek aided and assisted Bararia, an unlicensed person, to engage in the practice of medicine contrary to law.

BASED UPON THE FOREGOING, it is recommended that the Board find Dr. Khalek in violation of NRS 630.306(1)(c), Unlawful Prescribing of Controlled Substance and Dangerous Drug, as alleged in Count I of the Complaint field on February 1, 2021; and NRS 630.305(1)(e), Aiding and Assisting the Unlicensed Practice of Medicine, as alleged in Count II of the Complaint filed on February 1, 2021.

RESPECTFULLY SUBMITTED this 18th day of October 2021.

Patricia Halstead, Esq., Hearing Officer for the
Nevada State Board of Medical Examiners
615 S. Arlington Ave.
Reno, NV 89509
(775) 322-2244
phalstead@halsteadlawoffices.com

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FILED
FEB 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **UKOSHOVBERA A.T. GBENEDIO, RPH,** **Certificate of Registration No. 09407,** **Respondent.**	**CASE NO. 21-178-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Ukoshovbera Gbenedio ("Gbenedio"), Certificate of Registration No. 09407, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On the renewal applications for his Certificate of Registration No. 09407 for the years 2019 and 2021, Gbenedio certified to the Board that he had not been charged, arrested, or convicted of a felony or misdemeanor in any state since his last renewal.

3. On December 6, 2017, a 71-count criminal indictment was filed against Gbenedio in *United States of America v. Thomas Ukoshovbera A. Gbenedio*, criminal case no. 1:17-CR-430-TWT-JSA, in the United States District Court for the Northern District of Georgia.

4. On June 10, 2020, the United States filed a Superseding Indictment against Gbenedio with two additional (2) criminal counts.

5. On October 29, 2021, Gbenedio was convicted on 70 counts of illegally dispensing and distributing controlled substances and one count of refusing an administrative inspection warrant.

APPLICABLE LAW

6. It is unlawful for any person to secure registration for himself by making, or causing to be made, any false representation. NRS 639.281(1).

7. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

8. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has been convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances. NRS 639.210(6).

9. Willfully making to the Board any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(9).

10. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has obtained that registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent. NRS 639.210(10).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

COUNT ONE
Violation of Federal Law

13. By violating the Controlled Substances Act, 21 U.S.C. Chap. 13 as detailed in the judgment of conviction in *United States of America v. Thomas Ukoshovbera A. Gbenedio*, criminal case no. 1:17-CR-430-TWT-JSA, Gbenedio is subject to discipline pursuant to NRS 639.210(6), (10) and (12).

COUNT TWO
Securing Registration by False Representation

14. By falsely certifying to the Board on the renewal applications for his Certificate of Registration No. 09407 for the years 2019 and 2021 that he had not been charged, arrested or convicted of a felony or misdemeanor in any state since his last renewal, Gbenedio violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and (10).

COUNT THREE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

15. By falsely certifying to the Board on the renewal applications for his Certificate of Registration No. 09407 for the years 2019 and 2021 that he had not been charged, arrested or convicted of a felony or misdemeanor in any state since his last renewal, Gbenedio was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **UKOSHOVBERA A.T. GBENEDIO, RPH, Certificate of Registration No. 09407,** **Respondent.**	**CASE NO. 21-178-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **UKOSHOVBERA A.T. GBENEDIO, RPH, Certificate of Registration No. 09407,** **Respondent.**	**CASE NO. 21-178-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

UKOSHOVBERA A.T. GBENEDIO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ukoshovbera Gbenedio, RPH
[redacted] Dolly Ave. SW
Atlanta, GA 30331

SHIRLEY HUNTING

5V

FILED
FEB 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL S. HANSRA, MD,** **Certificate of Registration No. CS25854,** **Respondent.**	**Case No. 21-217-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Rajkamal S. Hansra, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS25854, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS25854, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS25854, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL HANSRA, MD** **Certificate of Registration No. CS25854,** **Respondent.**	**CASE NO. 21-217-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL HANSRA, MD** **Certificate of Registration No. CS25854,** **Respondent.**	**CASE NO. 21-217-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

RAJKAMAL HANSRA, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10 day of Feb., 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rajkamal Hansra
1701 W Charleston Blvd #230
Las Vegas, NV 89102

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 8, 2022

VIA CERTIFIED U.S. MAIL
Dr. Rajkamal Hansra
1701 W. Charleston Blvd. #230
Las Vegas, NV 89102

CEASE-AND-DESIST ORDER: Case No. 21-217-CS-S

Controlled Substance Registration CS 25854 – Expired 10/31/2018

Dr. Rajkamal Hansra:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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FILED
FEB 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT E. HILL, DDS,** **Certificate of Registration No. CS02594,** **Respondent.**	**Case No. 21-219-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Robert E. Hill, DDS, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS02594, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS02594, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS02594, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT E. HILL, DDS** **Certificate of Registration No. CS02594,** **Respondent.**	**CASE NO. 21-219-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT E. HILL, DDS** **Certificate of Registration No. CS02594,** **Respondent.**	**CASE NO. 21-219-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ROBERT E. HILL, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10 day of Feb., 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Robert Hill
6680 W Flamingo Rd #11
Las Vegas, NV 89103

Darlene Nases

DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 8, 2022

VIA CERTIFIED U.S. MAIL
Robert E. Hill, DDS
6680 W. Flamingo #11
Las Vegas, Nevada 89103

CEASE-AND-DESIST ORDER: Case No. 21-219-CS-S

Controlled Substance Registration CS 02594 – Expired 10/31/2018

Robert E. Hall, DDS:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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FILED
FEB 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ELLIOT SHIN, MD,** **Certificate of Registration Nos. CS14683 and PD27436,** **Respondent.**	**CASE NO. 18-100-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Elliot Shin, MD, held a Nevada controlled substance registration, Certificate No. CS14683, issued by the Board.

FACTUAL ALLEGATIONS

2. Beginning from approximately August 2018, Respondent dispensed dangerous drugs, specifically clinical trial medications, from his practice at Jubilee Clinical Research for Nevada patients without a valid dispensing practitioner registration.

3. Respondent subsequently applied for a dispensing practitioner registration and was approved for a dispensing practitioner registration by the Board on March 20, 2019.

APPLICABLE LAW

4. A licensed practitioner who wishes to dispense dangerous drugs must register with the Board. NRS 454.215; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

6. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

7. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

8. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Violation of State Law - Unlawful Dispensing

9. By dispensing dangerous drugs without a valid dispensing practitioner registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD COUNT

Unprofessional Conduct – Dispensing without a Valid Registration

11. By dispensing dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

12. By his actions as alleged herein, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ELLIOT SHIN, MD,** **Certificate of Registration Nos. CS14683 and PD27436,** **Respondent.**	**CASE NO. 18-100-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of February 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

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SHIRLEY HUNTING

FILED
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NEVADA STATE BOARD
OF PHARMACY

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **V.** **ELLIOT SHIN, MD** **Certificate of Registration Nos. CS14683 and PD27436** **Respondent.**	**OBJECTION, MOTION TO DISMISS, STATEMENT OF COMPLIANCE, ANSWER, AND NOTICE OF DEFENSE** **CASE NO. 18-100-CS-s** **Hearing Date: April 13, 2022** **Hearing Time: 9:00 a.m.**

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COMES NOW Elliot Shin, MD ("Dr. Shin"), by and through his counsel Holland & Hart LLP, and submits his objection, motion to dismiss, statement of compliance, and answer and notice of defense to the Nevada State Board of Pharmacy's ("Board") Notice of Intended Action and Accusation ("Accusation").

OBJECTION, MOTION TO DISMISS, AND STATEMENT OF COMPLIANCE

Pursuant to NRS 639.244(1)(a), NRS 622A.360(2)(e), and NRS 233B.121(4), Dr. Shin hereby objects to the Accusation and moves for dismissal of the same for failure to state facts which, if true, would form a sufficient basis for discipline.

I. INTRODUCTION

Dr. Shin has held a valid prescribing controlled substances registration (CS14683) since October 18, 2006, with a current renewal date of October 31, 2022. Dr. Shin has held a valid

dispensing practitioner registration from the Board since March 20, 2019 (PD27436), also with a current renewal date of October 31, 2022. The Board's Accusation seeks "appropriate disciplinary action" against Dr. Shin's registrations on the basis of vague, conclusory allegations repackaged into four separate counts for relief that boil down to one issue: that at some time predating March 20, 2019, nearly three years before the filing of this Accusation, Dr. Shin allegedly dispensed "dangerous drugs" without having a dispensing practitioner registration.

The Accusation's own allegations negate the Board's contention that its involvement is to protect public health or serve the public's interest. As alleged in the Accusation, Dr. Shin administered "clinical trial medications" at Jubilee Clinical Research, an activity that is already heavily regulated by the Food and Drug Administration ("FDA"). Federal laws and regulations subject clinical trials to the oversight of Institutional Review Boards[1] for compliance, and the FDA enforces these laws and regulations through mechanisms that include, but are not limited to, civil monetary penalty proceedings.[2] Despite the FDA's comprehensive regulation of clinical trials and monitoring for compliance with the standards of Good Clinical Practice that it sets and enforces,[3] the Board now seeks to impose its own obligations onto Dr. Shin for conduct regulated by the federal government.

Nevada law requires legal actions, including those brought by this Board, to be commenced in a timely manner or they are forfeited. First, the two-year statute of limitations applicable to claims for penalty or forfeiture based on a state statute bars the Board's claims against Dr. Shin now, as the conduct complained of predates the filing of the Accusation by more than two years.

Second, setting aside the statute of limitations issue, the Board expressly consented to the conduct complained of in the Accusation by granting Dr. Shin's application for a dispensing practitioner registration and granting him that registration more than three years ago; accordingly, the doctrines of laches and estoppel preclude the relief sought in the Accusation. The Board issued a dispensing practitioner registration to Dr. Shin on March 20, 2019. According to the very

[1] *See* 21 C.F.R. §§ 56.101-.105.
[2] *See Id.* §§ 17.1-17.54
[3] FDA, *Regulations: Good Clinical Practice and Clinical Trials* (Jan. 21, 2021), https://www.fda.gov/science-research/clinical-trials-and-human-subject-protection/regulations-good-clinical-practice-and-clinical-trials (*last accessed* Mar. 28, 2022).

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allegations in the Accusation, the Board now seeks to punish Dr. Shin with unspecified disciplinary action up to and including the revocation of the very registration the Board already granted. Moreover, the Board's actions are based on allegations of misconduct that not only predate the Board's issuance of the registration to Dr. Shin, but which were self-disclosed by Dr. Shin to the Board prior to the Board issuing his dispensing practitioner registration. In sum: Dr. Shin disclosed the conduct alleged in the Accusation to the Board, the Board issued Dr. Shin a registration in full knowledge of the alleged conduct, and yet has now commenced disciplinary proceedings based upon that conduct nearly three years after issuing Dr. Shin's registration to him. It belies logic and would be inequitable for the Board to be permitted to, with full knowledge of the facts at issue, issue to a licensee a valid registration only to turn around three years later and attempt to take disciplinary action against that licensee—not for any new alleged misconduct, but for alleged misconduct predating the Board's own issuance (and subsequent renewal) of that very registration.

Third, the Accusation is entirely lacking in the factual detail necessary to determine whether the allegations are sufficient to form a basis for discipline. There is not a single allegation in the Accusation detailing which "dangerous drug" Dr. Shin allegedly dispensed prior to obtaining his dispensing practitioner registration, merely the allegation that Dr. Shin dispensed vague, ill-defined "clinical trial medications." Nor is there a single allegation that Dr. Shin's alleged conduct resulted in any harm to the public or was in any way incompetent, unskillful, or negligent. Rather, the Board couches its Accusation in conclusory and vague terms.

For these reasons, the Accusation should be dismissed in its entirety, with prejudice.

II. LEGAL ARGUMENT

A. Legal Standard.

NRS 622A.360(2)(e) permits a respondent to file a "motion requesting dismissal of the charging document for failure to state facts which, if true, would form a sufficient basis for discipline." NRS 639.244(1)(a) likewise permits a respondent to file a Statement of Defense wherein the respondent may "[o]bject to the accusation as being incomplete and failing to set forth clearly the charges." NRS 233B.121(4) requires that the Board afford the respondent the opportunity to respond and present evidence and argument on all issues involved.

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B. The Applicable Statute of Limitations Bars the Accusation.

NRS 11.190(4)(b) provides that the statute of limitations is 2 years for "[a]n action upon a statute for a penalty or forfeiture, where the action is given to a person or the State, or both, except when the statute imposing it prescribes a different limitation." "For statute-of-limitations purposes, in determining whether an action is based upon a statute for a penalty or based upon a liability created by statute, a penalty has been described as a 'punishment for an offense against the public . . . not incident to the redress of a private wrong." *Torrealba v. Kesmetis*, 124 Nev. 95, 104, 178 P.3d 716, 723 (2008).

Here, the Accusation identifies and relies solely on Nevada's statutory authority to impose a penalty or forfeiture upon Dr. Shin. The Accusation cites to the following statutes and regulations, among others, for the authority of the Board to suspend or revoke any license or registration issued by the Board:

- NRS 233B.127(3) (regarding the lawfulness of "revocation, suspension, annulment or withdrawal of any license");
- NRS 639.241 (regarding the filing of an accusation to initiate a "hearing to determine whether the rights and privileges granted by any certificate, certification, license or permit issued by the Board should be revoked, suspended, limited or conditioned");
- NRS 453.236(1) (regarding the Board's authority to "suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon" the Board making certain, enumerated findings);
- NRS 453.241(1) (regarding the implications of "[a]dministrative proceedings by the Board to deny, suspend or revoke a registration"); and
- NRS 639.210 (regarding the authority of the Board to "suspend or revoke any certificate, license, registration or permit issued" by the Board for certain, enumerated reasons).

Thus, the Accusation implicates a forfeiture of a license based on statute, and NRS 11.190(4)(b) applies to preclude any action for conduct more than two years preceding the filing of the

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Accusation.

Setting aside the issue of whether the Accusation states facts sufficient to determine whether Dr. Shin's license is subject to discipline, as discussed *infra*, the Accusation was filed on February 11, 2022. The conduct complained of in the Accusation, however, ended no later than March 20, 2019 by the Accusation's own allegations, when Dr. Shin was approved for and received a dispensing practitioner registration.[4] All of the conduct for which the penalty or forfeiture may be imposed occurred more than two years prior to the filing of the Accusation, and therefore the statute of limitations found within NRS 11.190(4)(b) bars the Accusation.

Furthermore, to the extent the Accusation implicates any fine or other disciplinary action, the Accusation makes plain that the Board relies upon grounds implicating and concerning the public interest, which would be a penalty.[5] *Torrealba*, 124 Nev. at 104, 178 P.3d at 723. Thus, to the extent the Accusation further implicates any penalty based on statute, it is likewise barred by the applicable two-year statute of limitations in NRS 11.190(4)(b).

Therefore, the Accusation must be dismissed in its entirety, with prejudice, as being barred by the applicable statute of limitations.

C. The Board's Own Conduct in Issuing to Dr. Shin a Dispensing Practitioner Registration (and Renewing the Same) Precludes Disciplinary Action Against Said Registration for Conduct Predating the Issuance of the Registration.

i. The Board's Review of the Conduct Alleged in the Accusation Prior to Issuing and Renewing Dr. Shin's Dispensing Practitioner Registration and Controlled Substances Registration.

By its own allegations in the Accusation, the Board issued Dr. Shin a dispensing practitioner registration on March 20, 2019, even after Dr. Shin's alleged conduct of dispensing "dangerous drugs"[6] without a registration had occurred and been disclosed to the Board. The Board previously

[4] Accusation ¶ 3.
[5] *See* Accusation ¶¶ 5, 6, 8, 10, 11, 12.
[6] Dr. Shin does not admit that dispensed "dangerous drugs" as that term is defined in NRS 454.201 or that the Accusation presents sufficient facts to state a basis for discipline under NRS 622A.360(2)(e) as discussed in Section II. D.i.., *infra*, but even assuming that the Accusation presents sufficient facts to form a basis for discipline, such Accusation would be barred by the doctrines of laches and estoppel, as detailed in this Section II.C.ii.

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evaluated and considered Dr. Shin, his prior conduct, and his history on at least three prior occasions, specifically: (1) when he applied for and the Board issued a biennial dispensing practitioner registration (PD27436) on March 20, 2019; (2) again when the Board renewed Dr. Shin's dispensing practitioner registration between 2019 and the present; and (3) again when the Board renewed Dr. Shin's biennial prescribing controlled substances registration (CS14683), *see* NRS 453.226 and NRS 639.220(1) (characterizing both types of registrations as "biennial"); the Board cannot now use such prior conduct and history predating the issuance and renewal of the registrations as grounds for discipline now against those very same registrations.

The Board possessed the ability to deny Dr. Shin's registration application at the time he initially applied for and renewed his registrations. NRS 453.241(1) permits the Board to deny an application for registration upon taking the proper administrative action. Instead of denying Dr. Shin's initial application for his dispensing practitioner registration or denying Dr. Shin's renewal applications for his dispensing practitioner and controlled substances registrations since 2019, the Board approved his application for dispensing practitioner registration on March 20, 2019 and allowed Dr. Shin to continue to prescribe and dispense "dangerous drugs" for nearly three years since the complained-of conduct ceased. The fact that the Board approved Dr. Shin's initial and renewal applications for both registrations belies the Board's belated allegations that Dr. Shin's alleged conduct predating the 2019 issuance of the dispensing practitioner registration is against the public interest or in any way presents any potential for harm to the public.

Furthermore, in connection with Dr. Shin's applications, the Board ostensibly conducted one or more inspections of Dr. Shin's office pursuant to NRS 453.226(6), wherein the Board found no violations of applicable statutes and regulations, and no evidence of harm to the public from Dr. Shin's prescribing and dispensing practices. *See* Accusation (containing no factual allegations or statutory/regulatory authority for any violations of the same with respect to how Dr. Shin runs or maintains his practice with respect to prescribing or dispensing). This, too, cuts against the Board's untimely argument now that any conduct of Dr. Shin contravenes the public interest.

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ii. *The Board's Delay in Acting on the Alleged Conduct Renders Its Current Accusation and Any Discipline Arising from It Inequitable and Contrary to Nevada Law.*

The Board's delay in seeking disciplinary action violates the doctrines of equitable estoppel and laches. "[E]quitable estoppel operates to prevent the assertion of legal rights that in equity and good conscience should be unavailable because of a party's conduct." *United Brotherhood v. Dahnke*, 102 Nev. 20, 22, 714 P.2d 177, 178-79 (1986). Estoppel applies when the party to be estopped (1) is aware of true facts, (2) intends the conduct to be acted upon, (3) the party asserting estoppel is ignorant of the true facts, and (4) relies to his detriment on the conduct. *Chanos v. Nevada Tax Comm'n*, 124 Nev. 232, 181 P.3d 675 (2008). Moreover, Nevada courts have applied estoppel against state agencies where specific representations were made and were detrimentally relied upon. *See, e.g., Southern Nev. Mem. Hospital v. State*, 101 Nev. 387, 705 P.2d 139 (1985) (applying equitable estoppel to prevent the state from revoking letters of approval for construction of two hospitals because the hospitals justifiably relied upon them).

Similarly, "Laches is an equitable doctrine which may be invoked when delay by one party works to the disadvantage of the other, causing a change of circumstances which would make the grant of relief to the delaying party inequitable." *Carson City v. Price*, 113 Nev. 409, 412, 934 P.2d 1042, 1043 (1997); *see also*, *State v. Rosenthal*, 107 Nev. 772, 778, 819 P.2d 1296, 1301 (1991) ("As a result of such delay, the condition of the party asserting laches becomes drastically altered, whereby he cannot be restored to his former state" and "[t]he delay must cause actual prejudice.").

The Board's inexplicable delay of nearly three years in filing the Accusation (or more, as it is not clear from the face of the Accusation how far back the alleged conduct reaches) prejudices Dr. Shin's ability to defend the Accusation. The Accusation itself is too vague to determine which "clinical trial medications" the Board contends constitute "dangerous drugs," when they were administered, and to whom. It is possible that the Board's substantial delay in bringing the Accusation may result in Dr. Shin lawfully being no longer in possession of certain information required by the Board to prove its claims, or by Dr. Shin to maintain his defense. *See generally* NRS Chapter 639 (requiring document retention of two years with respect to multiple categories of

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records); *see, e.g.*, NRS 639.236(1) (requiring a dispensing practitioner to maintain records of prescriptions for 2 years).

Moreover, Dr. Shin relied upon the Board's issuance of the prescribing practitioner registration as he continued to grow his clinical trial practice over the last three years since its issuance (and during its subsequent renewal). Had the Board simply denied the prescribing practitioner registration in 2019 with the original application, Dr. Shin could have taken steps to mitigate any harm to his practice and his patients as a result of this decision. Similarly, the Board could have denied the renewal of Dr. Shin's dispensing practitioner registration prior to filing its Accusation. Instead of taking these actions, and by granting his dispensing practitioner registration and subsequently renewing it, the Board expressly condoned Dr. Shin's clinical trial practice, which necessarily includes following patients in the clinical trial for an extended period of weeks, months, or even years.

To take disciplinary action against Dr. Shin's dispensing practitioner registration now, after nearly three years after its issuance, would be detrimental to not only Dr. Shin but to his clinical trial patients as well, potentially jeopardizing their treatment mid-trial and without the option to join other trials that would continue their treatment. The Board has not alleged that any conduct Dr. Shin has engaged in since it granted his dispensing practitioner registration endangers the public; instead, the Board's Accusation is based solely upon dispensing the medications prior to holding a registration and then continuing the exact same conduct after receiving his dispensing practitioner registration in March of 2019. Dr. Shin's post-2019 dispensing conduct, which is identical to the conduct alleged in the Accusation, apparently is not of concern to the Board or a basis for alleging potential public harm.

The Accusation must therefore be dismissed in its entirety, and with prejudice, as being time-barred by the Board's own delay. The Accusation's claims are further defeated by the Board's consent to Dr. Shin obtaining and maintaining a dispensing practitioner registration notwithstanding the alleged dispensing of medications pre-2019, as the Board granted and renewed Dr. Shin's registration since such conduct occurred. For the same reasons, the claims in the Board's accusation are barred by the doctrines of estoppel and laches.

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D. The Accusation Lacks Sufficient Facts or Specificity to Support Any Grounds for Disciplinary Action.

Notwithstanding issues stemming from the delay of the Board in filing the Accusation, on its face the Accusation must be dismissed for failure to include sufficient facts to support grounds for discipline. NRS 622A.360(2)(e).

i. All Counts Should Be Dismissed for Failure to State Sufficient Facts.

Counts One, Three, and Four in the Accusation are predicated on the allegation that Dr. Shin failed to obtain his dispensing practitioner registration prior to 2019, but the Accusation does not even provide sufficient facts to determine that Dr. Shin required any such registration. The Accusation premises its first, third, and fourth counts on its vague allegation that Dr. Shin dispensed "clinical trial medications" at some unspecified time prior to March 20, 2019. It is not clear from the face of the Accusation that "clinical trial medications"[7] are "dangerous drugs" for which a dispensing practitioner registration is required. NRS 454.201 defines "dangerous drugs" as

> any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes the following:
>
> 1. Any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend "Rx only";
>
> 2. Procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or
>
> 3. Any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

Without any additional allegations concerning which "clinical trial medications" are included with the allegations of the Accusation, it is impossible to determine whether those medications constitute "dangerous drugs" under NRS 454.201 and therefore necessitate registration under NRS 454.215, NRS 639.100, NRS 639.23505, and NAC 639.742.

[7] Indeed, the term "clinical trial medications," which the Board incorporates in its Accusation, is not defined in Chapters 453 (Controlled Substances), 454 (Poisons; Dangerous Drugs and Hypodermics), or 639 (Pharmacists and Pharmacy) of the Nevada Revised Statutes or the Nevada Administrative Code, and appears to be a generic term invented by the Board for use in its Accusation that is not defined by statute or regulation.

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The entire Accusation is predicated upon the assumption that Dr. Shin dispensed "dangerous drugs" that required his registration with the Board, but does not identify what if any dangerous drugs were dispensed, or that the "clinical trial medications" constituted "dangerous drugs" subject to the Board's authority. Each Count of the Accusation depends on NRS 639.210, either subsection (4) ("[i]s guilty of unprofessional conduct or conduct contrary to the public interest") or (12) ("[h]as violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit"). For the purposes of NRS 639.210(4), unprofessional conduct and conduct contrary to the public interest is expressly defined with NAC 639.945(1) to include, applicable here, "(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration."

Thus, both subsection 4 and 12 of NRS 639.210 turn on whether Dr. Shin dispensed dangerous drugs without the requisite registration. Because the Accusation contains insufficient facts to establish that Dr. Shin dispensed "dangerous drugs" at all prior to his registration date, Counts One, Three, and Four of the Accusation must be dismissed.

Each Count of the Accusation (including also Count Two) depends upon NRS 453.236(1), of which the only applicable subsection may be subsection (1)(d): that Dr. Shin "[c]ommitted an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section."[8] NRS 453.231 thus further modifies "public interest" according to its own terms. NRS 453.231(1) states:

> 1. The Board shall register an applicant to dispense controlled substances included in schedules I to V, inclusive, unless it determines that the issuance of that

[8] The first three subsections (a), (b), and (c) are entirely inapplicable as Dr. Shin has not furnished false or fraudulent material in his applications, has not been convicted of a felony relating to a controlled substance, and has not had his federal registration revoked or suspended. While Count Four cites to NRS 453.236(1)(e), the subsection cited therein is actually subsection (1)(d).

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registration would be inconsistent with the public interest. In determining the public interest, the Board shall consider the following factors:

> (a) Maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels;
>
> (b) Compliance with state and local law;
>
> (c) Promotion of technical advances in the art of manufacturing controlled substances and the development of new substances;
>
> (d) Convictions of the applicant pursuant to laws of another country or federal or state laws relating to a controlled substance;
>
> (e) Past experience of the applicant in the manufacture or distribution of controlled substances, and the existence in the applicant's establishment of effective controls against diversion of controlled substances into other than legitimate medical, scientific research or industrial channels;
>
> (f) Furnishing by the applicant of false or fraudulent material in an application filed pursuant to the provisions of NRS 453.011 to 453.552, inclusive;
>
> (g) Suspension or revocation of the applicant's federal registration to manufacture, distribute, possess, administer or dispense controlled substances as authorized by federal law; and
>
> (h) Any other factors relevant to and consistent with the public health and safety.

None of the factors in NRS 453.231(1) apply here. The Accusation does not allege that Dr. Shin failed to maintain effective controls against diversion, that Dr. Shin has any controlled substance convictions, that Dr. Shin furnished any false or fraudulent material in connection with his applications, or any other facts that would implicate NRS 453.231(1). Therefore, the entire Accusation must be dismissed for failure to state facts upon which there may be grounds for disciplinary action.

ii. The Second Count Should Be Dismissed for Failure to Include any Allegations of Incompetence, Unskilled Performance, or Negligent Performance.

The Second Count in the Accusation is based entirely upon a sole conclusory allegation that Dr. Shin performed his duties in an incompetent, unskillful or negligent manner. No facts are alleged anywhere in the Accusation to support this conclusory allegation. Instead, the only facts the Board identifies occurred prior to the Board issuing Dr. Shin his dispensing practitioner's registration.

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NAC 639.945(1) includes within the category of "unprofessional conduct and conduct contrary to the public interest: [...] (i) [p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." The way in which a registered dispensing practitioner should perform his duties are expressly stated by statute and regulation. For example, NAC 639.742(3) provides the conditions under which the practitioner should handle, store, and dispense dangerous drugs, including storing the drugs in a secure, locked room or cabinet, dispensing drugs only to the patient personally, and other requirements. There is no allegation in the Accusation whatsoever that Dr. Shin performed any of these duties in an incompetent, unskillful or negligent manner.

Indeed, the Board includes no allegations that Dr. Shin has been cited or advised of any issues that would form the basis of incompetence, lack of skill, or negligence, whether in connection with its inspections, review of Dr. Shin's application for a dispensing practitioner registration, or the renewal of such registration. This Count is entirely unsupported by any factual allegations in the Accusation whatsoever. As such, it should be dismissed.

III. CONCLUSION

For the foregoing reasons, the Accusation must be dismissed in its entirety, with prejudice.

ANSWER AND NOTICE OF DEFENSE

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Dr. Shin hereby answers and otherwise responds to the allegations in the Board's Accusation as follows:

JURISDICTION

1. Answering Paragraph 1 of the Accusation, such paragraph contains legal conclusions to which no response is required. To the extent there are factual allegations in Paragraph 1 of the Accusation requiring a response, Dr. Shin admits that he holds a Nevada controlled substance registration, Certificate No. CS14683, but denies the remainder of the allegations contained therein.

FACTUAL ALLEGATIONS

1. Answering Paragraph 2 of the Accusation, Dr. Shin admits only that he dispensed

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clinical trial medications to Nevada patients at Jubilee Clinical Research, and otherwise denies all other allegations in Paragraph 2 on account of Paragraph 2 containing or calling for legal conclusions, being imprecise as to time and depriving Dr. Shin of sufficient notice of facts in order to answer, and otherwise being stated in such a manner as to which Dr. Shin lacks knowledge or information sufficient to form a belief about the truth of the allegations contained in Paragraph 2 and, on that basis, denies the allegations not specifically admitted herein.

2. Answering Paragraph 3 of the Accusation, Dr. Shin admits the allegations contained therein.

APPLICABLE LAW

3. Answering Paragraphs 4, 5, 6, 7, and 8 of the Accusation, such paragraphs contain legal conclusions to which no response is required. To the extent there are factual allegations in Paragraphs 4, 5, 6, 7, and 8 of the Accusation requiring a response, Dr. Shin denies each and every one of the allegations contained within Paragraphs 4, 5, 6, 7, and 8.

FIRST COUNT

Violation of State Law – Unlawful Dispensing

4. Answering Paragraph 9 of the Accusation, such paragraph contains legal conclusions to which no response is required. To the extent there are factual allegations in Paragraph 9 of the Accusation requiring a response, Dr. Shin denies the allegations contained therein.

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

5. Answering Paragraph 10 of the Accusation, such paragraph contains legal conclusions to which no response is required. To the extent there are factual allegations in Paragraph 10 of the Accusation requiring a response, Dr. Shin denies the allegations contained therein.

THIRD COUNT

Unprofessional Conduct – Dispensing without a Valid Registration

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6. Answering Paragraph 11 of the Accusation, such paragraph contains legal conclusions to which no response is required. To the extent there are factual allegations in Paragraph 11 of the Accusation requiring a response, Dr. Shin denies the allegations contained therein.

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

7. Answering Paragraph 12 of the Accusation, such paragraph contains legal conclusions to which no response is required. To the extent there are factual allegations in Paragraph 12 of the Accusation requiring a response, Dr. Shin denies the allegations contained therein.

8. Answering the request in the Accusation that the Board take appropriate disciplinary action with respect to the certificate of registration of Dr. Shin, Dr. Shin denies that any disciplinary action is warranted.

AFFIRMATIVE DEFENSES

1. The Accusation, in whole or in part, fails to state a claim upon which relief may be granted, or upon which would form a sufficient basis for discipline.

2. The Accusation is barred by the applicable statute of limitations.

3. The Board has failed to plead with sufficient specificity to provide adequate notice to Dr. Shin of the Board's claims under NRS 639.241(2) and NRS 233B.121(2)(d),[9] and therefore should be dismissed.

4. Dr. Shin exercised due care and good faith towards the Board and/or made a good faith effort to comply with all application statutes and administrative code provisions, including by dutifully applying for and receiving a dispensing practitioner registration on March 20, 2019.

5. The Board consented to the acts or omissions alleged to have been committed by Dr. Shin, including by issuing to Dr. Shin a dispensing practitioner registration on March 20, 2019.

[9] NRS 639.241(2) requires a "written statement of the charges alleged," which must set forth in ordinary and concise language the acts or omissions with which the respondent is charged to the end that the respondent will be able to prepare a defense." NRS 639.241(2) further requires that "[t]he accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation." NRS 233B.121(2)(d) requires "[a] short and plain statement of the matters asserted."

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6. The Board has not alleged any facts to demonstrate any harm or damages resulting from the alleged acts or omissions of Dr. Shin.

7. The Board's claims are barred by the doctrines of laches and estoppel.

8. The Board's claims are preempted by federal law, including but not limited to the Food, Drug, and Cosmetic Act and regulations promulgated thereunder regarding the conduct and supervision of clinical trials.

9. The Board's claims are barred in equity and by the doctrine of unclean hands.

10. All possible affirmative defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Dr. Shin's Answer and insofar as the Accusation is couched in conclusory and vague terms, and therefore Dr. Shin hereby reserves the right to assert additional affirmative defenses.

PRAYER FOR RELIEF

WHEREFORE, Dr. Shin respectfully requests the following relief:

1. That following the hearing this action be dismissed with prejudice;

2. That the Board award Dr. Shin's attorneys' fees and costs incurred in defense of this action; and

3. For such other and further relief as the Board deems proper.

Dated this 28th day of March 2022.

J. Malcolm DeVoy, Esq.
Sydney R. Gambee, Esq.
HOLLAND & HART LLP
9555 Hillwood Drive, Second Floor
Las Vegas, Nevada 89134

Attorneys for Respondent

HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NEVADA 89134

CERTIFICATE OF SERVICE

I hereby certify that on the 28th day of March, 2022, a true and correct copy of the foregoing **OBJECTION, STATEMENT OF COMPLIANCE, ANSWER, AND NOTICE OF DEFENSE** was served by the following method(s):

☒ Email: by electronically delivering a copy via email to the following e-mail address:

Nevada State Board of Pharmacy
Brett Kandt, Esq.
General Counsel
J. David Wuest
Executive Secretary
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
Tel: (775) 850-1440
Fax: (775) 850-1444
Email: bkandt@pharmacy.nv.gov

☒ U.S. Mail: by depositing same in the United States mail, first class postage fully prepaid to the persons and addresses listed below:

Nevada State Board of Pharmacy
Brett Kandt, Esq.
General Counsel
J. David Wuest
Executive Secretary
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
Tel: (775) 850-1440
Fax: (775) 850-1444
Email: bkandt@pharmacy.nv.gov

Brenda Schrader

An Employee of Holland & Hart LLP

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HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NEVADA 89134

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHAD HALL, DO, Certificate of Registration No. CS20510, Respondent.	Case No. 21-108-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Chad Hall, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS20510, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 19, 2019, in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, Respondent was charged with the following crimes: conspiracy to distribute a controlled substance – buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 USC § 846 and 18 USC § 2; distribution of a schedule III controlled substance– buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 CFR §1306.04 and 18 USC § 2; distribution of a schedule IV controlled substance– valium, in violation of 21 USC § 841(a)(1) and (b)(2), 21 CFR §1306.04 and 18 USC § 2; obtaining a controlled substance by misrepresentation – buprenorphine, in violation of 21 USC § 843(a)(3) and (d)(1) and 18 USC § 2; and maintaining a drug-involved premises, in violation of 21 USC § 856 (a)(1) and (b) and 18 USC § 2.

3. On his biennial renewal application for Certificate of Registration No. CS20510 for 2020, Respondent failed to disclose to the Board the charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

6. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

10. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

11. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

SECOND CAUSE OF ACTION

Furnishing False Material Information to Board

12. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(10).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, and failing to comply with applicable federal and state laws relating to controlled substances in violation of Title 21 United States Code and NRS Chapter 453, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NOS. 21-108-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NO. 21-108-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

CHAD HALL, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Chad Hall, DO
1701 N. Green Valley Parkway, Bldg. 5 #A
Henderson, NV 89074

SHIRLEY HUNTING

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED RECEIVED
ENTERED SERVED ON
COUNSEL/PARTIES OF RECORD

JUN 19 2019

CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: DEPUTY

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
NADIA AHMED
Assistant United States Attorney
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101
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Fax: (702) 388-6020
nadia.ahmed@usdoj.gov

Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
-OOO-

UNITED STATES OF AMERICA,

Plaintiff,

vs.

CHAD HALL, D.O.,

MICHAEL HALPRIN, a/k/a Michael Vincent,

RONALD SMITH, M.D.,

JANELL OLSON, and

EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

Defendants.

SEALED
CRIMINAL INDICTMENT

2:19-cr-00154

CASE NO: ~~2:18-CR-154~~

VIOLATIONS:

21 U.S.C. § 841(a)(1) & (b)(1)(E) and b(2) – Distribution of a Controlled Substance (Schedules III & IV)

21 U.S.C. § 843 – Obtaining a Controlled Substance by Misrepresentation

21 U.S.C. § 846 - Conspiracy to Distribute a Controlled Substance

21 U.S.C. § 856 – Maintaining a Drug-Involved Premises

18 U.S.C. § 2 – Aiding and Abetting

THE GRAND JURY CHARGES THAT:

INTRODUCTION

At all times material to this Indictment:

1. The Controlled Substances Act, Title 21, United States Code, Sections 801, *et seq.*, governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it "unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense ... a controlled substance."

2. The CSA defines a "controlled substance" as a drug or other substance that is included in one of five schedules - Schedule I, II, III, IV, or V - of Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed into these schedules based, at least in part, on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

a. "Schedule II" indicates that the drug or other substance has a currently accepted medical use with severe restrictions and has a high potential for abuse that can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

b. "Schedule III" indicates that the drug or other substance has a currently accepted medical use with a potential for abuse that is less than those drugs listed in Schedule II, but can lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. § 812(b)(3).

3. Title 21, Code of Federal Regulations, Sections 1308.12, 1308.13, 1308.14, and 1308.15 lists the drugs and other substances contained in Schedules II, III, IV, and V, respectively.

4. Title 21, United States Code, Section 822(b) and Title 21, Code of Federal Regulations, Section 290.1, provide that the controlled substances listed in Schedules II-V can be dispensed or distributed only pursuant to a prescription issued by a medical

practitioner registered with the United States Drug Enforcement Administration ("DEA"). The DEA, as authorized by the Controlled Substances Act, issues registration numbers to qualifying medical practitioners that allow them to issue prescriptions for Schedule II-V controlled substances.

5. Accordingly, under Title 21, Code of Federal Regulations, Section 1306.03, controlled substances, such as opioid pain medications, can be dispensed only pursuant to a valid prescription from a medical practitioner authorized by the DEA to distribute controlled substances.

6. Under Title 21, United States Code, Section 802(10), the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user.

7. Under Title 21, United States Code, Section 802(11), the term "distribute" means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical. The term "distributor" means a person who so delivers a controlled substance or a listed chemical.

8. Title 21, Code of Federal Regulations, Section 1306.04 provides that in order for a prescription for a controlled substance to be valid, it "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

9. A prescription for a controlled substance issued without a legitimate medical purpose or outside of the individual practitioner's usual course of his professional practice

is not a valid prescription, and the person who issues the prescription violates Title 21, United States Code, Section 841(a)(1).

10. The Defendant, Chad Hall (hereinafter "Hall"), is a licensed Doctor of Osteopathic Medicine ("D.O.") who practices in Nevada under D.O. license number DO1729. As part of Hall's practice, he prescribes Controlled Substances, including highly addictive opioids, under his DEA license number FH3496557. Hall maintains the licensure for a medical practice known as Detoxification Solutions ("Solutions"), doing business as Advanced Medical – Center for Detoxification and Psychiatry (CPRX), LLC.

11. The Defendant, Michael Halprin (hereinafter "Halprin") a/k/a Michael Vincent, is an unlicensed, in Nevada, Advanced Practice Registered Nurse ("APRN") who formerly practiced in Florida under license number APRN935042. Halprin cannot prescribe any medications, including controlled substances, or independently provide treatment for patients. Halprin is the sole managing member of Solutions. Halprin sometimes presents himself to patients as "Dr. Mike."

12. The Defendant, Ronald Smith ("Smith"), is a licensed Medical Doctor ("M.D.") who practices in Nevada under M.D. license number 11778. As part of Smith's practice, he prescribes Controlled Substances including highly addictive opioids, under his DEA license number BS9687116.

13. The Defendant, Janell Olson ("Olson") is not licensed as a medical practitioner. Olson cannot issue valid prescriptions for any medications, including controlled substances, or independently provide treatment for patients.

14. The Defendant, Eghomware Igbinovia, a/k/a Jerry Igbinovia (hereinafter "Igbinovia"), is the owner and head pharmacist at ACRx Pharmacy ("ACRx"), 3200 N. Soaring Gulls Dr., Suite 101, Las Vegas, Nevada, 89129. Igbinovia is responsible for

furnishing specially compounded patient-specific buprenorphine troches directly to Solutions.

15. During the date range alleged in this Indictment, Defendants Hall and Smith routinely prescribed Schedule III controlled substances including buprenorphine and Suboxone to Solutions patients, outside the usual course of professional practice, without a legitimate medical purpose. Additionally, Defendant Halprin routinely distributed Schedule III controlled substances, including buprenorphine and Suboxone, without a medical license or a DEA Number. Defendant Olson also distributed Schedule III controlled substances without a medical license or a DEA Number and assisted all other defendants in their unlawful practices.

16. Defendants Hall, Halprin, Smith and Olson also submitted patient-specific prescriptions for specially-compounded buprenorphine lozenges under false patient names to ACRx Pharmacy. Defendant Igbinovia specially compounded the buprenorphine lozenges and delivered them to Solutions. Hall, Halprin, Smith and Olson then dispensed these patient-specific Schedule III medications to patients at Solutions in exchange for cash payments.

COUNT ONE
(Conspiracy to Distribute Controlled Substance)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E), and 846

17. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

18. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,

JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, did knowingly and intentionally conspire, confederate, and agree with each other and with persons known and unknown to the Grand Jury, to commit an offense against the United States, to wit: distribute quantities of buprenorphine, a Schedule III controlled substance; all in violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(E), 846, and Title 18, United States Code, Section 2.

COUNTS TWO AND THREE
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)

19. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

20. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O., and
JANELL OLSON,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of A Schedule III controlled substance, to wit: buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
2	January 15, 2019	Patient A	Buprenorphine
3	January 29, 2019	Patient A	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS FOUR AND FIVE
(Distribution of Controlled Substances - Schedule IV)
Title 21 U.S.C. §§ 841(a)(1), (b)(2)

21. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

22. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of a Schedule IV controlled substance, to wit: Valium, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
4	January 15, 2019	Patient A	Valium
5	January 29, 2019	Patient A	Valium

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(2); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS SIX AND SEVEN
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

23. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

24. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

RONALD SMITH, M.D.,

defendant herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
6	March 12, 2019	Patient B	Buprenorphine
7	March 26, 2019	Patient B	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS EIGHT THROUGH TWENTY
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

25. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

26. On or about the dates set forth below, in the State and Federal District of Nevada,

EGHOMWARE IGBINOVIA,

defendant herein, did knowingly and intentionally create, distribute and dispense a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual

course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
8	January 18, 2019	Patient C	Buprenorphine
9	January 18, 2019	Patient D	Buprenorphine
10	January 18, 2019	Patient E	Buprenorphine
11	January 18, 2019	Patient F	Buprenorphine
12	January 18, 2019	Patient G	Buprenorphine
13	January 18, 2019	Patient H	Buprenorphine
14	January 18, 2019	Patient I	Buprenorphine
15	January 18, 2019	Patient J	Buprenorphine
16	January 18, 2019	Patient K	Buprenorphine
17	January 18, 2019	Patient L	Buprenorphine
18	January 18, 2019	Patient M	Buprenorphine
19	January 18, 2019	Patient N	Buprenorphine
20	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS TWENTY-ONE THROUGH THIRTY-THREE
(Obtaining a Controlled Substance by Misrepresentation)
21 U.S.C. § 843(a)(3), (d)(1)

27. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

28. On or about the dates set forth below, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,
RONALD SMITH, M.D., and
JANELL OLSON,

defendants herein, did knowingly and intentionally acquire and obtain possession of buprenorphine, a Schedule III controlled substance, by misrepresentation, fraud, forgery, deception and subterfuge, as listed below, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Acquisition	Patient	Controlled Substance
21	January 18, 2019	Patient C	Buprenorphine
22	January 18, 2019	Patient D	Buprenorphine
23	January 18, 2019	Patient E	Buprenorphine
24	January 18, 2019	Patient F	Buprenorphine
25	January 18, 2019	Patient G	Buprenorphine
26	January 18, 2019	Patient H	Buprenorphine
27	January 18, 2019	Patient I	Buprenorphine
28	January 18, 2019	Patient J	Buprenorphine
29	January 18, 2019	Patient K	Buprenorphine
30	January 18, 2019	Patient L	Buprenorphine
31	January 18, 2019	Patient M	Buprenorphine
32	January 18, 2019	Patient N	Buprenorphine
33	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1), and Title 18, United States Code, Section 2.

COUNT THIRTY-FOUR
(Maintaining a Drug-Involved Premises)
21 U.S.C. § 856, 18 U.S.C. § 2

29. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

30. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did unlawfully and knowingly open, lease, rent, use and maintain a place known as Detoxification Solutions, LLC, located at 1701 North Green Valley Parkway, Building 5, Suite A, Henderson, Nevada 89704, for the purpose of distributing buprenorphine, a controlled substance; all in violation of Title 21, United States Code, Section 856(a)(1) and (b), Title 18 United States Code, Section 2.

FORFEITURE ALLEGATION
(Conspiracy to Distribute Controlled Substance; Distribution of Controlled Substances - Schedules III, IV; Obtaining a Controlled Substance by Fraud; and Maintaining a Drug-Involved Premises)

31. The allegations of Counts 1-34 of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

32. Upon conviction of any of the felony offenses charged in Counts 1-34 of this Criminal Indictment,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,
JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of 21 U.S.C §§ 841(a)(1), 843(a)(3), and 856, specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(A) and 1961(1)(D), or 21 U.S.C. § 846, conspiracy to commit such offenses:

defendants herein, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all moneys, negotiable instruments, securities, or other things of value furnished or intended to be furnished in exchange for a controlled substance or listed chemical in violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846, all proceeds traceable to such an exchange, and all moneys, negotiable instruments, and securities used or intended to be used to facilitate any violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all real property, including any right, title, and interest (including any leasehold interest) in the whole of any lot or tract of land and any appurtenances or improvements, which is used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

1. any and all property with the requisite nexus to violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846 including, but not limited to, at least access devices, electronic equipment, and fraudulent documentation pursuant to the forfeiture statutes in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C); and
2. an in personam criminal forfeiture money judgment including, but not limited to, at least an amount to be calculated pursuant to the forfeiture statute in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C)

(all of which constitutes property).

33. If any property being subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c), as a result of any act or omission of the defendants -

a. cannot be located upon the exercise of due diligence;
b. has been transferred or sold to, or deposited with, a third party;
c. has been placed beyond the jurisdiction of the court;
d. has been substantially diminished in value; or
e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States of America, pursuant to 21 U.S.C. § 853(p), to seek forfeiture of any other property of the defendants for the property listed above.

All pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. §§ 841(a)(1), 843(a)(3), 846, 853(a)(1), 853(a)(2), 853(p), and 856; 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

DATED: this the 19th day of June, 2019.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

NICHOLAS A. TRUTANICH
United States Attorney

NADIA AHMED
Assistant United States Attorney

Renewal Application
Controlled Substance

Application Fee :	$200.00
Convenience Fee :	$10.00
License Number :	CS20510
License T ype :	Controlled Substance
New Expiration Date :	10/31/2022

Personal Information

First Name : CHAD

Middle (initial only) : G.

Last Name : HALL

License # : CS20510

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Chad Hall DO PC

Military Address : ☐

Street : 11704 Kings Arms Lane

Country : United States

City : Las Vegas

State : Nevada

Zip : 89138

Practice Phone : (702) 518-2365

Practice Fax : (801) 360-6950

Email Address : [redacted]

Sex : Male

Practice License Number: DO1729

Specialty: IM

Child Support Information – Check appropriate answer

- ○ I am NOT SUBJECT to a court order for the support of a child.
- ◉ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	○ Yes ◉ No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	○ Yes ◉ No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	○ Yes ◉ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?	○ Yes ◉ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?	○ Yes ◉ No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	○ Yes ◉ No

Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Chad Hall

Date Of Application : 10/31/2020

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	$210.00

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62644447623

InvoiceDate : 10/31/2020

Paid

Pay & Submit

5Z

This matter has been continued to a future meeting.

5AA

FILED 3079
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	CASE NO. 19-053-CS-S 19-053-RPH-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kord T. Strebel, MD (Dr. Strebel), held a controlled substance registration, Certificate of Registration No. CS13593, and dispensing practitioner registration, Certificate of Registration No. PD00333; and Thomas E. Strebel, R.Ph. (pharmacist Strebel), held a pharmacist registration, Certificate of Registration No. 18239, and a dispensing technician registration, Certificate of Registration No. TD01379, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondents operate the Nevada Obstetrical Charity Clinic, located at 1950 Pinto Lane in Las Vegas.

3. On March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found violations of Nevada law.

4. Respondents failed to keep complete and accurate records of nonsterile compounded drug products. Board staff reviewed approximately 110 compounding records and all lacked any documentation of the individual that performed the compounding or the individual that checked the final product.

5. Dr. Strebel failed to verify the accuracy of dispensed compounded drug products.

6. Respondents failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products.

7. Respondents failed to properly and accurately label prescriptions. Prescriptions reviewed showed errors made on the number of refills ordered by Dr. Strebel. Some prescriptions written with "NO" refills indicated "refills" on the electronic record and medication label, while other prescriptions written with refills indicated "NO" refills in the electronic record. Other prescriptions specified a beyond use date that predated the date of the prescription. Prescriptions also lacked mandated auxiliary labels for alcohol consumption warning.

8. Respondents had possession of unlabeled bottles of medication.

9. Respondents failed to conduct and maintain an accurate biennial inventory of controlled substances.

10. Dr. Strebel permitted Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic.

11. Dr. Strebel failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances to several patients from November 4, 2017 to November 4, 2019.

12. On or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

13. On or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic and were denied entry.

14. On or about June 7, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

15. On at least two occasions Dr. Strebel filled prescriptions - Prescription Nos. 501818 and 501846 - written by another practitioner and failed to strictly follow the instructions of the practitioner when filling and dispensing the medication.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. By failing to keep complete and accurate records of nonsterile compounded drug products in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. By failing to verify the accuracy of dispensed compounded drug products, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. By failing to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.67015 and/or NAC 639.67035,

engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. By failing to properly and accurately label prescriptions, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6703(1) and/or NAC 639.745(1)(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. By possessing and storing unlabeled bottles of medication, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.476 and/or NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. By failing to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. By permitting Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic, Dr. Strebel violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NAC 649.742(3), NAC 639.743 and/or 21 CFR § 1301.71, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

EIGHTH CAUSE OF ACTION

Failure to Report Dispensing of Controlled Substances

(Respondent Kord T. Strebel, MD)

23. By failing to upload required information to the Prescription Monitoring Program when dispensing controlled substances, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

NINTH CAUSE OF ACTION

Unlawful Dispensing

(Respondent Kord T. Strebel, MD)

24. Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified data entry as accurate and the final product on prescriptions as accurate when they were not and dispensed prescriptions written by other practitioners, and is subject to discipline pursuant to NRS 639.210(4) and (12).

TENTH CAUSE OF ACTION

Failure to Permit Access for Inspection

25. By denying Board staff entry to perform an annual inspection on or about May 19, 2021, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(6), NAC 453.300, NRS 454.286, NRS 454.291, NRS 639.090, NRS 639.236-.239, NRS 639.289, NAC 639.245, NAC 639.482-.489 and/or NAC 639.935(4) engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333,** **Respondent.**	CASE NO. 19-053-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kord T Strebel, MD
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
Nevada Bar No. 15202
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8984 Spanish Ridge Avenue
Las Vegas, Nevada 89148-1302
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JDickey@BaileyKennedy.com
RCrooker@BaileyKennedy.com

Attorneys for Respondent
Kord T. Strebel, M.D.

FILED
DEC 15 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KORD T. STREBEL, MD,
Certificate of Registration Nos. CS13593 and PD00333, and

THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and TD01379,

Respondents.

CASE NO. 19-053-CS-S
19-053-RPH-S

RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Kord T. Strebel, M.D. ("Dr. Strebel"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Dr. Strebel admits that he held a controlled substance registration (Certificate of Registration No.

CS13593) and a dispensing practitioner registration (Certificate of Registration No. PD00333) issued by the Board. With respect to the remaining allegation Dr. Strebel states that no response is required as it is directed to Thomas E. Strebel, R.Ph.

2. Dr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Dr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Dr. Strebel denies the allegations contained in paragraph 4.

5. Dr. Strebel denies the allegations contained in paragraph 5.

6. Dr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Dr. Strebel denies that he failed to properly and accurately label prescriptions. Dr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and were corrected.

8. Answering paragraph 8, Dr. Strebel denies that he has possession of unlabeled bottles of medication. Dr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Dr. Strebel denies the allegations contained in paragraph 9.

10. Dr. Strebel denies the allegations contained in paragraph 10. Dr. Strebel further states that he was involved in the ordering of any controlled substances, dangerous drugs, and drug products. Dr. Strebel further states that Thomas Strebel, although a pharmacy tech with Nevada Obstetrical Charity Clinic, is, in fact a registered pharmacist.

11. Dr. Strebel denies the allegations contained in paragraph 11.

12. Answering paragraph 12, Dr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Dr.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Dr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Dr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. Dr. Strebel denies the allegations in paragraph 15.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Dr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. Dr. Strebel denies the allegations contained in paragraph 17.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Dr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Dr. Strebel denies the allegations contained in paragraph 19.

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LAS VEGAS, NEVADA 89148-1302
702.562.8820

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Dr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Dr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. Dr. Strebel denies the allegations contained in paragraph 22.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. Dr. Strebel denies the allegations contained in paragraph 23.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. Dr. Strebel denies the allegations contained in paragraph 24.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Dr. Strebel denies the allegations contained in paragraph 25.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Strebel acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

4. The Notice of Intended Action and Accusation violates Dr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Dr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Strebel's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

11. Dr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 15th day of December, 2021.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Kord T. Strebel, M.D.

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 15th day of December, 2021, service of the foregoing **RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE** was made via email to the following:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Email: bkandt@pharmacy.nv.gov

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
Joshua M. Dickey, an Employee of
BAILEY❖KENNEDY

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

5BB

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379,** **Respondent.**	CASE NO. 19-053-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Thomas E. Strebel, RPH
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

FILED
DEC 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KORD T. STREBEL, MD, Certificate of Registration Nos. CS13593 and PD00333, and THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379, Respondents.	Case Nos. 19-053-CS-S 19-053-RPH-S **THOMAS E. STREBEL'S ANSWER TO THE NOTICE OF INTENDED ACTION AND ACCUSATION AND NOTICE OF DEFENSE**

Thomas E. Strebel, R.Ph., answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation:

Jurisdiction

1. Answering paragraph 1, Mr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Mr. Strebel admits that he held a pharmacist registration (Certificate of Registration No. 18239) and a dispensing technician registration (Certificate of Registration No. TD01379) issued by the Board. With respect to the remaining allegation Mr. Strebel states that no response is required as it is directed to Kord T. Strebel, M.D.

Factual Allegations

2. Mr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Mr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Mr. Strebel further

admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Mr. Strebel denies the allegations contained in paragraph 4.

5. With respect to the allegations in paragraph 5, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

6. Mr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Mr. Strebel denies that he failed to properly and accurately label prescriptions. Mr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and corrected.

8. Answering paragraph 8, Mr. Strebel denies that he has possession of unlabeled bottles of medication. Mr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Mr. Strebel denies the allegations contained in paragraph 9.

10. Mr. Strebel denies the allegations contained in paragraph 10. Mr. Strebel further states that, although a pharmacy tech with the Clinic, he is, in fact a registered pharmacist.

11. With respect to the allegations in paragraph 11, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

12. Answering paragraph 12, Mr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Mr. Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Mr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Clinic. Mr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Mr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. With respect to the allegations in paragraph 15, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Mr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. With respect to the allegations in paragraph 17, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Mr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Mr. Strebel denies the allegations contained in paragraph 19.

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Mr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Mr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. With respect to the allegations in paragraph 22, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. With respect to the allegations in paragraph 23, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. With respect to the allegations in paragraph 24, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Mr. Strebel denies the allegations contained in paragraph 25.

Affirmative Defenses

1. The Board fails to state a cognizable claim upon which relief may be granted.

2. The Board's claims are barred, in whole or in part, because at all relevant times Mr. Strebel acted in compliance with all lawful requirements for the retention of his pharmacist and dispensing technician registrations.

3. The Board's causes of action are barred, in whole or in part, because the Board cannot prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Mr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Mr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Board's claims are barred, in whole or in part, because Mr. Strebel's actions were justified under the circumstances.

9. The Board's claims are barred, in whole or in part, by the equitable doctrines of waiver, laches, estoppel, and/or unclean hands.

10. The Board's claims are barred, in whole or in part, because the Board has acted in an arbitrary and capricious manner.

11. Mr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or

appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

Dated this 15th day of December 2021.

David J. Merrill, P.C.

By: 

David J. Merrill
Nevada Bar No. 6060
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 566-1935
Attorneys for Respondent Thomas E. Strebel, R.Ph.

Certificate of Service

I certify that I am an employee of David J. Merrill, P.C. and that on the 15th day of December 2021, I served Thomas E. Strebel's Answer to the Notice of Intended Action and Accusation and Notice of Defense by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Employee of David J. Merrill, P.C.

6

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☒ Dangerous Drugs AND Controlled Substances

☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Sircy Middle: Mc Samuel Last: Moore

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Gentle Pines Court

City: Las Vegas State: NV Zip: 89130

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 2174 (NV)

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Doc Mo's Kindred Spirits Animal Hospital

Practice Address: 2437 E. Cheyenne Ave Suite #:

City: North Las Vegas State: NV Zip: 89030

Telephone: (702) 642-5353 Fax: (702) 642-0669 Email: DocmoKindredSpiritsAH@yahoo.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Letter of Reprimand	NV	2019	#10-2019DVM-89

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sincy M. Moore
Print Name (First, Last)

Sincy M. Moore, DVM
Original Signature (electronic, copies or stamps not accepted)

10-21-21
Date

Board Use Only Received: _____ Amount: 150 oc

Sircy Moore

Legal First Name: Sircy

Legal Last Name: Moore

Previous or Other Name(s):

Licenses

License Number	License Category	License Status	Initial Licensure Date	License Expiry Date
2174-A	Veterinarian	Active	Jun-03-2013	Dec-31-2021

Notices, Restrictions and Findings

Type	Effective Date	Summary	Completion Date	Attachments
Disciplinary Finding	Jun-20-2016	File Number: 06-2016DVM-19 Please contact the Board for further information	Jan-26-2017	Moore, S LOR 06-2016DVM-19.pdf (/rest/public/data/downloadannotation/index.php?id=bcc0f22242a505c05a7a46c4932c29c3bf5c8087c0162af858fa73a9b3ba43254(
Disciplinary Finding	Oct-18-2018	File Number: 07-2017DVM-34	N/A	Moore, S LOR 05-2017DVM-34.pdf (/rest/public/data/downloadannotation/index.php?id=67a640fb7288e07c02e21ae313249958b56bce58616a415a0e4eedb60b9bfd57
Disciplinary Finding	Jul-20-2019	File Number: 10-2019DVM-89	N/A	Moore, S LOR 10-2019DVM-89.pdf (/rest/public/data/downloadannotation/index.php?id=199a8ef2218ceae8d25fdac899d8cb83da811afbd84861fea1adfd462399cc6128

Places of Work

Name	Street Address	City	Postal Code	Start Date	End Date
Tropicana Animal Hospital	2385 East Tropicna Ave	Las Vegas	89119	May-29-2013	Dec-19-2013
Green Valley Animal Hospital	6150 Mountain Vista St.	Henderson	89014	Dec-19-2013	Dec-23-2015
Parkway Springs Animal Hospital	2231 Green Valley Parkway	Henderson	89014	Dec-23-2015	Jul-25-2016
The Greatful Pet Animal Clinic	707 Canyon Rd., #103B	Boulder City	89005	Nov-15-2016	Jun-26-2018
Doc Mo's Kindred Spirits Animal Hospital	2437 E Cheyenne Ave	N Las Vegas	89030	Jun-26-2018	N/A

License History

License Category	License Status	Effective Date
Veterinarian	Active	Jan-01-2021
Veterinarian	Active	Jan-01-2020
Veterinarian	Active	Jan-01-2019
Veterinarian	Active	Jan-01-2018
Veterinarian	Active	Jan-01-2017
Veterinarian	Active	Jan-01-2016
Veterinarian	Active	Jan-01-2015
Veterinarian	Active	Jan-01-2014
Veterinarian	Active	Jun-03-2013
Veterinarian	Applicant	May-29-2013

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174
Case # 6-2016DVM-19

The Nevada Board of Veterinary Medical Examiners filed a complaint against Sircy Moore, D.V.M. (Licensee) regarding his application for renewal of his license and his failure to prove completion of the requisite continuing education hours. After due investigation and consideration, the following facts regarding the complaint were discovered.

1) On or about December 29, 2015, Dr. Moore logged into the Board's website and renewed on-line. In his online renewal, Dr. Moore indicated that he had completed 22 hours of continuing education (CE) between January 1, 2015 and December 31, 2015.

2) On or about March 28, 2016, the Board's staff performed a continuing education audit, and Dr. Moore's application was randomly selected. The Board's staff sent Dr. Moore a letter requesting copies of Dr. Moore's continuing education certificates of attendance for the time period between January 1, 2015 and December 31, 2015.

3) On or about May 3, 2016, the Board's staff sent Dr. Moore an e-mail of a second notice to comply with the CE Audit. On June 9, 2016, the Board's staff sent Dr. Moore an additional e-mail in an attempt to reach and receive a response from Dr. Moore.

4) On or about May 20, 2016, June 9, 2016, and June 15, 2016, the Board's staff attempted to reach Dr. Moore by telephone at all of his telephone numbers known to the Board's staff, including telephone numbers for his employing veterinary facilities. Dr. Moore was no longer employed at any of the veterinary facilities of record.

5) On August 1, 2016 and September 13, 2016, the Board's staff attempted to contact Dr. Moore at a personal address the Board's staff had been supplied. The Board's staff also attempted to locate Dr. Moore through internet searches, to no avail.

6) In December 2016, after the Board's Executive Director called an employer of Dr. Moore's, Dr. Moore spoke with the Investigating Board Member. Though Dr. Moore claimed to have completed some hours of continuing education; however, as of the date of this Letter of Reprimand, Dr. Moore has not provided evidence or proof of completion of any of the requisite hours of continuing education.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of applicable Nevada law and, pursuant to NAC 638.041(3), subject to disciplinary action. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(1) (Violation of a Board Regulation) and Nevada Administrative Code (NAC) 638.041(1) (Hours of CE for DVM) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that Dr. Moore did not maintain or provide the records that would evidence completion any hours of continuing education for the period of January 1 through December 31, 2015. Dr. Moore could not document any hours of continuing education for the relevant time period.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be

disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Licensee below, the Licensee agrees this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its October 2016 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore shall pay attorney's fees, investigative costs, and Board costs of $300.00 and a fine of $350.00, for a total due of $650.00. Dr. Moore shall pay the entire amount due of $650.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of 20 hours of continuing education within 60 days of the date of the Board's approval of this Letter of Reprimand. The 20 hours of continuing education in this paragraph may not be counted toward Dr. Moore' continuing education requirements for renewal of his license.

3) Dr. Moore's renewal applications shall be audited for the next three renewal periods to assure that he has properly satisfied the continuing education requirements for each of those renewal periods.

4) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore' license.

Dated this _____ day of December, 2016.

Sircy Moore, DVM 1/11/17
Sircy Moore, D.V.M.

Dated this 26 day of January, 2017.

Nevada State Board of Veterinary Medical Examiners

William Taylor DVM
William Taylor, D.V.M., President

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 KIETZKE LANE, BUILDING O-265
RENO, NEVADA 89502
PHONE 775 688-1788/FAX 775 688-1808
VETBDINFO@VETBOARD.NV.GOV
WWW.NVVETBOARD.US

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174
Case # 05-2017DVM-34

The Nevada Board of Veterinary Medical Examiners filed a complaint against Sircy Moore, D.V.M. (Licensee) regarding his treatment of a 9-year-old female Labrador retriever named "Katie". After due investigation and consideration, the following facts regarding the complaint were discovered.

1) On June 29, 2017, the owner of a 9-year-old female Labrador retriever named "Katie" brought her to the Grateful Pet Animal Clinic (GPAC) to have her spayed as part of her participation in a neighborhood outreach program in which the owner was participating because of his straitened circumstances. Two days earlier, a veterinary assistant at GPAC had contacted the owner and given her instructions related to the pre-surgical care for Katie. The owner was an established client at GPAC through her ownership and treatment of another dog. As part of the community outreach program, GPAC had offered to perform the spay at no cost and had arranged to pick up and return Katie to the owner's home because the owner did not have a way to get Katie to GPAC.

2) On June 29, 2017, staff from GPAC (a veterinary assistant and the receptionist) visited the owner's home to pick up Katie for the spay surgery, and they presented authorization forms to the owner regarding the surgery. The owner signed the forms. The communication between GPAC's staff and the owner was apparently less than clear because the staff believed that the owner understood that if Katie was deemed a candidate for surgery, then the surgery would be performed without further communication with the owner whereas the owner understood that he would receive communication from GPAC prior to the performance of any surgery.

3) Prior to surgery, Dr. Moore physically examined Katie, including drawing blood that was tested pre-surgically. The blood test produced normal results except that the ALT was significantly elevated at 640 U/L where the normal range was 0-120 U/L. Dr. Moore did not communicate the elevated ALT level to the owner either prior to or after performing the spay surgery on Katie.

4) On June 29, 2017, Dr. Moore performed the spay surgery on Katie. Katie died at home approximately 12 hours after the surgery. Dr. Moore called the owner after learning of Katie's death and offered a post-mortem examination. A post-mortem examination was performed at GPAC, which showed that Katie had suffered post-surgical internal bleeding.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in

violation of applicable Nevada law and subject to disciplinary action. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(1) (Violation of a Board Regulation) and Nevada Administrative Code (NAC) 638.046 (Violation of AVMA Principles of Veterinary Medical Ethics) and Principles of Veterinary Medical Ethics sections II(E) and VI(A) in that Dr. Moore did not communicate directly with the owner prior to performing the spay surgery on Katie and at no time communicated to the owner the elevated ALT level and how the elevated ALT level might affect Katie's health and treatment and the risk therein. While there is no definitive correlation to show that Katie's death was caused due to the high ALT levels in Katie's blood work, per the requirements of informed consent, Dr. Moore is required to share abnormal blood test results with the owner prior to surgery.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Licensee below, the Licensee agrees this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its April 2018 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore shall pay attorney's fees, investigative costs, and Board costs of $782.50. Dr. Moore shall pay the entire amount due of $782.50 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of 3 hours of continuing education related to veterinary ethics focused on improving his client communication skills.

3) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore' license.

Dated this 9 day of Oct, 2018.

Sircy Moore, D.V.M.

Dated this 18 day of October, 2018.

Nevada State Board of Veterinary Medical Examiners

Scott Bradley, D.V.M., President

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 KIETZKE LANE, BUILDING O-265
RENO, NEVADA 89502
PHONE 775 688-1788/FAX 775 688-1808
VETBDINFO@VETBOARD.NV.GOV
WWW.NVVETBOARD.US

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174-A
Case #10-2019DVM-89

The Nevada Board of Veterinary Medical Examiners received a complaint against Sircy Moore, D.V.M. (Licensee) regarding Dr. Moore's treatment of 1½-year-old female miniature Poodle named Ellie. After investigation and consideration, the following facts regarding the complaint were discovered:

1) On September 13, 2019, the owner of a 1½-year-old female miniature Poodle named Ellie brought her to Dr. Mo's Kindred AH Spirits Animal Hospital (Kindred AH AH) with concerns about acute left hind leg lameness and pain. After an examination and obtaining radiographs, Dr. Moore diagnosed a left coxofemoral luxation. Dr. Moore sent Ellie home with pain medications and scheduled a surgery.

2) On September 16, 2019, Ellie was brought back to Kindred AH for surgery with Dr. Moore. Dr. Moore attempted to perform a left femoral head osteotomy via a dorsal approach. The surgery was unremarkable until after Dr. Moore transected the femoral head, at which time he could not remove it because, according to Dr. Moore, the femoral head had become lodged behind deeper tissue layers and he was unable to remove it. Rather than continue efforts to remove the femoral head, Dr. Moore stated he closed the incision, thus leaving the femoral head due to his concerns that a prolonged anesthesia could have resulted in complications for the patient. No anesthesia complications were recorded during the one hour anesthesia period.

3) Two days later, Ellie's owner became concerned when the incision became swollen and painful and attempted to take Ellie back to Kindred AH. However, Kindred AH was closed because Dr. Moore was out of town. Thereafter, on September 18 and 19, 2019, Ellie was taken to another veterinary hospital where it was noted that the incision site had swollen, so much so that by September 19, 2019, the swelling had progressed to a black coloration of the skin. The veterinarian at the second veterinary hospital recommended that Ellie be taken to a specialty hospital for a surgical consultation.

4) On September 19, 2019, Ellie was taken to a specialty hospital. At the specialty hospital, it was noted that Ellie had generalized weakness, hypotension, and incision site dehiscence with a large eschar and purulent exudate. Radiographs revealed

soft tissue swelling of the incision and a retained femoral head. The veterinarian at the specialty hospital diagnosed sepsis and began aggressive treatment to address the sepsis.

5) After two days at the specialty hospital, Ellie's condition had worsened and emergency surgery was recommended and Ellie's owner consented. The surgery involved removing the retained femoral head, obtaining a sample for aerobic culture, and amputation of the left hind leg.

6) Ellie suffered significant post-surgical complications for which she was at or taken to the specialty hospital on September 22-24, 25, 28, and 30 and October 1. On October 1, 2019, the owner opted for humane euthanasia which was performed without complication.

7) In the course of the Board's investigation of the instant matter, the Board's staff reviewed the medical records made by Dr. Moore at Kindred AH and determined that the records lacked documentation of surgery times, the types of anesthesia administered, and the doses of injectable medications administered.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of applicable Nevada law. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(5) (Incompetence), NRS 638.140(6) (Negligence) and NAC 638.045(2) (Negligence) and NAC 638.045(2) (Incompetence) where Dr. Moore knowingly did not remove the femoral head from Ellie's leg and closed the incision knowing that the femoral head remained in Ellie's body and did not establish a clear plan for prompt removal. Additionally, the Board finds this conduct to be in violation of NRS 638.140(1) (Violation of Board regulations) and NAC 639.0475 where Dr. Moore's records lacked documentation of surgery times, the types of anesthesia administered, and the doses of injectable medications administered.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Dr. Moore below, Dr. Moore admits this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its July 2020 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore will pay the attorney fees, investigative costs, and Board costs of $880.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of four hours of continuing education in orthopedic surgery in canines and two hours in medical recordkeeping within 60 days of the date of the Board's approval of this Letter of Reprimand. The six hours of continuing education in this paragraph may not be counted toward Dr. Moore's continuing education requirements for renewal of his license.

3) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore's license. Additionally, failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall allow the Board's staff not to renew Dr. Moore's license until Dr. Moore remedies the failure to comply.

Dated this 20th day of July, 2020.

Sircy Moore, D.V.M.

Dated this 22 day of Oct, 2020.

Nevada State Board of Veterinary Medical Examiners

Steve Damonte, D.V.M., President

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

December 9, 2021

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: nu4cuss@yahoo.com

Sircy Moore, DVM
Doc Mo's Kindred Spirits Animal Hospital
2437 E. Cheyenne Avenue
Las Vegas, NV 89030

CEASE and DESIST: Unlicensed Dispensing in Nevada

Dear Dr. Moore:

The Nevada State Board of Pharmacy (Board) has determined that you are engaged in dispensing prescription drugs for animal patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.23505 and NAC 639.7423.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for animal patients.

Please be aware that the forgoing does not preclude the filing of administrative charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

4

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: JOHN Middle: MILAN Last: REVOLINSKI

Mailing Address: [redacted] MANCHA Dr

City: Boulder CITY State: Nevada Zip Code: 89005

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: MILWAUKEE, WISCONSIN

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 06/15/71 (mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of WISCONSIN – MADISON, WISCONSIN School of Pharmacy

Location of School: 777 HIGHLAND Ave, MADISON, WISCONSIN 53705

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 CHECK # 4137 Entity #: _____

Email _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
California	27605	Yes ☒ No ☐			Yes ☐ No ☐
Nevada	5788	Yes ☐ No ☒			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☒ No ☐

Branch: United States Marine Corps
Military Occupation/Specialty: 0441 LOGISTICS EMBARK CLERK
Dates of Service: AUGUST 31, 1960 until AUGUST 30, 1966

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date:	Case #:
PROBATION 1439 CA BD of Pharmacy	CA	05/12/1990	1439 DOCUMENTATION ATTACHED

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

John Milan Kovolenatin

Original Signature, no copies or stamps accepted

02-18-2022

Date

JOHN K. VAN DE KAMP, Attorney General
of the State of California
MARGARET A. LAFKO,
Deputy Attorney General
110 West A Street, Suite 700
San Diego, California 92101
Telephone: (619) 237-7050
Attorneys for Complainant

BEFORE THE BOARD OF PHARMACY

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against:	NO. 1439
JOHN REVOLINSKI [redacted] Bencola Court West Covina, California 91790 Pharmacist's Licentiate No. PD 27605 Respondent.	STIPULATION, DECISION AND ORDER

In the interests of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibilities of the Board of Pharmacy, Department of Consumer Affairs, State of California, the parties submit this Stipulation to the Board of Pharmacy for its approval and adoption as the final disposition of the pending Accusation.

IT IS HEREBY STIPULATED AND AGREED by and between the complainant, Lorie Garris Rice, by and through her attorney, John K. Van De Kamp, Attorney General of the State of

California, by Margaret A. Lafko, Deputy Attorney General, and John Revolinski, above-named respondent, by and through said respondent's attorney of record, Donald B. Brown, as follows:

1. That respondent John Revolinski (hereinafter "respondent") has received and read the Accusation on file in case number 1439 before the Board of Pharmacy of the State of California (hereinafter "Board") and said respondent has filed a timely notice of defense in said matter.

2. That respondent has retained Donald B. Brown, Esq., to be his attorney in regard to the administrative action herein and respondent has consulted Donald B. Brown concerning the effect of this stipulation, which respondent has carefully read and which he fully understands.

3. That respondent understands the nature of the charges alleged in the Accusation in case number 1439 as constituting cause for imposing discipline upon said respondent.

4. That respondent is fully aware of said respondent's right to a hearing on the charges and allegations contained in the Accusation heretofore filed in case number 1439 and said respondent's right to reconsideration, appeal, and any and all other rights which may be accorded him pursuant to the California Administrative Procedure Act, and that he hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights which may be accorded him by the

Administrative Procedure Act with regard to the charges in the Accusation in case number 1439.

5. That on or about April 16, 1989, an accusation bearing number 1439 was filed by Lorie Garris Rice, Executive Officer of the Board of Pharmacy of the State of California, in her official capacity as such.

6. That on or about March 2, 1972, respondent was issued Pharmacist's Licentiate No. PD 27605 by the Board.

7. That respondent rather than contesting at a formal hearing the charges in the Accusation presently on file, for the purpose of these proceedings only, admits that each and every allegation contained in the Accusation in case number 1439, which is incorporated herein by reference, is true, and that cause for disciplinary action against respondent exists pursuant to Business and Professions Code sections 4350, 4350.5. amd 4227.

WHEREFORE, IT IS STIPULATED the Board may, without further notice of formal proceeding, issue and enter the following decision:

Pharmacist's Licentiate No. PD 27605 issued to respondent John Revolinski is revoked; provided, however, the revocation is hereby stayed and respondent is placed on probation for a period of three (3) years upon the following terms and conditions:

1. Respondent shall obey all federal and state laws and regulations substantially related to the practice of pharmacy.

2. Respondent shall report to the board or its designee quarterly. Said report shall be either in person or in writing, as directed. Should the final probation repsort not be made as directed, the period of probation shall be extended until such time as the final report is made.

3. Respondent shall submit to peer review as deemed necessary by the Board.

4. Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the Board.

5. Respondent shall notify all present and prospective employers of the decision in case No. 1439 and the terms, conditions and restriction imposed on respondent by said decision.

Within 30 days of the effective date of this decision, and within 15 days of respondent undertaking new employment, respondent shall cause his employer to report to the Board in writing acknowledging the employer has read the decision in case No. 1439.

Should respondent work for or be employed by or through a pharmacy employment service, it shall be the obligation of the respondent to ensure the pharmacy at which he is to be employed or used, of the fact and terms of this disciplinary order in advance of the respondent commencing work at the pharmacy.

"Employment" within the meaning of this provision

shall include any full-time, part-time, temporary or relief service as a pharmacist, whether the respondent is considered an employee or independent contractor.

6. Respondent shall not supervise any registered intern or technician and shall not perform any of the duties of a preceptor, nor shall respondent be the pharmacist-in-charge of any pharmacy licensed by the Board.

7. Should respondent leave California to reside or practice outside this state, respondent must notify the Board, in writing, of the dates of departure and return. Periods of residence or practice outside the state shall not apply to reduction of the probationary period.

8. Should respondent violate probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order which was stayed. If a petition to revoke probation is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

9. Upon successful completion of probation, respondent's certificate will be fully restored.

10. Respondent shall, at all times while on probation, maintain an active current license with the Board.

Should respondent's certificate, by operation of law, or otherwise, expire, upon renewal or reinstatement respondent's certificate shall be subject to any and all

terms of this probation not previously satisfied.

This stipulation shall be subject to approval of the Board. If the Board fails to approve this stipulation, it shall be of no force or effect for either party.

DATED: March 2, 1990

JOHN K. VAN DE KAMP
Attorney General

MARGARET A. LAFKO
Deputy Attorney General

DATED: FEB 6 1990

DONALD B. BROWN, ESQ.
Attorney for Respondent

I HAVE READ the stipulation, decision, and order. I understand that I have the right to a hearing on the charges contained in the aforementioned Accusation, the right to confront and cross-examine witnesses, and the right to introduce evidence in mitigation, the right to present evidence or to call witnesses in my behalf, or to testify myself, the right to contest the charges and allegations, the right to reconsideration, appeal, and any and all other rights set forth in the California Administrative Procedure Act, (Gov. Code §§11500 et seq.) and the California Code of Civil Procedure. I have fully discussed both the charges and allegations of accusation number 1439, as well as my right to a hearing and defense with my attorney, Donald B. Brown.

I knowingly and intelligently waive the aforementioned rights and agree to be bound by the terms of the stipulation, decision, and order.

DATED: 2-23-90

JOHN REVOLINSKI
Respondent

DECISION

The foregoing stipulation in settlement of accusation No. 1439 is accepted by the Board of Pharmacy as its decision and shall become effective on the 12th day of May 1990.

Board of Pharmacy

JOHN K. VAN DE KAMP, Attorney General
of the State of California
MARGARET A. LAFKO,
Deputy Attorney General
110 West A Street, Suite 700
San Diego, California 92101
Telephone: (619) 237-7050

Attorneys for Complainant

BEFORE THE BOARD OF PHARMACY

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against:	NO. 1439
JOHN REVOLINSKI [redacted] Bencola Court West Covina, California 91790 Pharmacist's Licentiate Number PD 27605 Respondent.	ACCUSATION

COMES NOW Complainant Lorie Garris Rice, who as cause for disciplinary action, alleges:

1. Complainant is the Executive Officer of the California State Board of Pharmacy (hereinafter the "Board") and makes and files this accusation solely in her official capacity.

2. On or about March 2, 1972, Pharmacist Licentiate No. PD 27605 was issued by the Board to respondent John Revolinski. Said license was in full force and effect at all times relevant herein and is currently renewed to January 31, 1990.

3. This accusation is made in reference to the following sections of the Business and Professions Code (hereinafter "Code").

A. Section 4350 provides that any license or permit issued by the Board may be suspended or revoked.

B. Section 4350.5 provides that the Board shall take action against any holder of a certificate, license or permit, who is guilty of unprofessional conduct, which shall include, but is not limited to the violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation, of any provision or terms of Chapter 9, Division 2, of the Code or of the applicable federal and state laws and regulations governing pharmacy including regulations established by the Board.

C. Section 4350.5(a) provides that unprofessional conduct includes the commission of any act involving moral turpitude or dishonesty whether committed in the course of relations as a licensee or otherwise.

D. Section 4227 provides that no person shall furnish any dangerous drug except upon the prescription of a physician, dentist, podiatrist, or veterinarian. In this connection "furnish" is defined in Section 4048.5 to mean "supply by any means, by sale or otherwise."

4. Drugs

At all times mentioned herein, the following drugs listed by trade name, or by given name, or by chemical composition were and are controlled substances under

California or Federal Law, as specified herein. In addition, each of the following drugs is a dangerous drug within the meaning of Business and Professions Code section 4211:

A. Ativan, a brand name for lorazepam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11507(d)(1).

B. Didrex, a brand name for benzphetamine hydrochloride, is a Schedule III controlled substance pursuant to California Health and Safety Code section 11056(b)(2).

C. Tylenol with Codeine, a brand name for acetaminophen with codeine, (in either strength #3 or #4) is a Schedule III controlled substance pursuant to California Health and Safety Code section 11056(e)(2).

D. Valium, a brand name for diazepam, is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057(d)(7).

E. Lasix, a brand name for furosemide, is a dangerous drug within the meaning of Business and Professions Code section 4211.

F. Synthroid is a dangerous drug within the meaning of Business and Professions Code section 4211.

5. Sav-On/Osco Drug Store, 1455 South Main Street, Santa Ana, California, 92701.

Respondent is subject to disciplinary action on account of the following:

A. Respondent was employed as a pharmacist and pharmacy manager at Sav-On/Osco Drug Store, 1455 South Main Street, Santa Ana, California, from July 5, 1983, until November 16, 1986.

B. Between November, 1985, and November, 1986, respondent dispensed Synthroid and antibiotics to Wendy C., a pharmacy technician, without a prescription, and without requiring payment for the drug.

C. On or about April 26, 1986, and on other occasions, respondent dispensed Valium, Lasix, Didrex, and other dangerous drugs and/or controlled substances to Brad W. without a prescription and without requiring payment for the drugs.

D. Respondent dispensed Atavan to Sarkis K. without a prescription and without requiring payment for the drug.

E. During his employment, respondent dispensed Tylenol with Codeine to Cesar R. without a prescription and without requiring payment for the drug.

F. On or about October 4, 1986, October 16, 1986, October 22, 1986, October 30, 1986, and on other occasions, respondent dispensed dangerous drugs, including Didrex and Tylenol with Codeine, to Candace C. without a prescription and without requiring payment for the drugs.

G. On October 11, 1986, and October 15, 1986, respondent dispensed dangerous drugs to Don K., without a prescription and without requiring payment.

H. On or about November 1, 1986, respondent

H. On or about November 1, 1986, respondent dispensed approximately 150 tablets of an unknown dangerous drug and/or drugs to an unidentified woman, without a prescription and without requiring payment for the drugs.

I. On November 10, 1986, inspection of a shelf area in the pharmacy, which had been accessed by respondent immediately prior to dispensing the drugs referenced in paragraph 7H, revealed a hidden cache of Schedule I, II, and III controlled substances.

8. As a result of the acts described above in paragraphs 7A through 7I, respondent is subject to discipline for dishonesty and furnishing dangerous drugs without a prescription in violation of Sections 4227 and 4350.5(c) of the Business and Professions Code.

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this accusation and that following said hearing the Board issue a Decision:

1. Revoking or suspending Pharmacist Licentiate Number PD 27605, heretofore issued to respondent John Revolinski;

2. Taking such other and further action as the Board deems proper.

DATED: 4-16-89

LORIE GARRIS RICE
Executive Officer
Board of Pharmacy
State of California

Complainant

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: XIAOJIAO Middle: NIE Last: BROWN

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] W. JULIE DR

City: GLENDALE State: AZ Zip: 85308

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: NV LICENSE PENDING

Section 2: Employment Information

Pharmacy Name: WALGREENS NV Pharmacy License # (if applicable): _____

Address: 2225 S. PRICE RD

City: CHANDLER State: AZ Zip: 85286

Telephone: 4807525713 Email: NICOLE.ROBERT@WALGREENS.COM

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: ARIZONA Date of issuance: 11/21/2016

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

[signature] 10/18/2021

Original Signature, no copies or stamps accepted — Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

4

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: XIAOJIAO Middle: NIE Last: BROWN

Mailing Address: [redacted] W. JULIE DR.

City: GLENDALE State: AZ Zip Code: 85308

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: other

SS# or ITIN: [redacted] Sex: ☐ M or ☒ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Arizona Date of Issuance: 11/21/2016

College of Pharmacy Information

Graduation Date: 06/03/2016 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: ROSEMAN UNIVERSITY OF HEALTH SCIENCE COLLEGE OF PHARMACY

Location of School: HENDERSON NEVADA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 cc Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
none		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No X

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Pending	UT	3/30/2021	210900485

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

	11/2/2021
Original Signature, no copies or stamps accepted	Date

Christopher P. Higley (#15161)
Eisenberg, Cutt, Kendell & Olson
215 South State Street, Suite 900
Salt Lake City, Utah 84111
Telephone: (801) 366-9100
Facsimile: (801) 350-0065
chigley@eckolaw.com

Attorney for Plaintiffs

BEFORE THE THIRD JUDICIAL DISTRICT COURT
SALT LAKE COUNTY, UTAH

JILL JENSEN, individually and on behalf the estate of Steven Jensen, deceased, DOUG JENSEN, and PATRICIA JENSEN, Plaintiffs, vs. MICHAEL L. COSGRAVE, M.D., PREMIER FAMILY MEDICAL, LLC, and WALGREEN CO, Defendants.	**SECOND AMENDED COMPLAINT AND JURY DEMAND (TIER THREE)** Judge Keith Kelly Case No. 210900485

Plaintiffs, by and through counsel, hereby complain against Defendant and, for causes of action, allege the following:

PARTIES, JURISDICTION & VENUE

1. Plaintiff Jill Jensen ("Mrs. Jensen") is the surviving spouse of her deceased husband, Mr. Steven Jensen ("Mr. Jensen").

2. Mrs. Jensen is the parent and guardian of her minor children, B. Jensen, E. Jensen, L. Jensen, and S. Jensen, all of whom are residents of Utah.

3. Douglas Jensen and Patricia Jensen are the natural parents of Mr. Steven Jensen, deceased. They are residents of Utah.

4. The parties identified in paragraphs 1-3 may collectively and individually be referred to herein as "Plaintiffs."

5. Plaintiffs are bringing this wrongful death and survival action on behalf of themselves and on behalf of the estate of Mr. Jensen.

6. Defendant Michael Cosgrave, M.D. ("Defendant Cosgrave"), at all relevant times, was a licensed physician providing healthcare services in Utah County, Utah.

7. Upon information and belief, Defendant Premier Family Medical, LLC ("Defendant Premier"), at all relevant times, was a limited liability corporation doing business as Premier Family Medical and was a medical care facility providing medical care to patients at its American Fork facility, 226 North 1100 East, Suite A, American Fork, Utah 84003.

8. At all relevant times, based upon representation of Defendant Premier's counsel, the nurses and other medical care providers who provided medical care and treatment to Mr. Jensen while at Defendant Premier's facility in American Fork were agents and/or employees of Defendant Premier and were working within the course and scope of their agency and/or employment.

9. Upon information and belief, Defendant Walgreen Co. ("Defendant Walgreens"), at all relevant times, is an Illinois Corporation licensed to do business in Utah that provided pharmacy services to Mr. Jensen at 102 North 1200 East, Lehi, Utah 84043.

10. Upon information and belief, Defendant Walgreens owns and operates several places of business in Salt Lake County, Utah.[1]

11. The parties identified in paragraphs 5-8 may collectively and individually be referred to herein as "Defendants."

12. All events giving rise to this Complaint occurred in Utah.

13. The parties have complied with the pre-litigation requirements of the Utah Health Care Malpractice Act, Utah Code Ann. § 78B-3-401, *et seq.*

14. This Court has jurisdiction over this action pursuant to Utah Code § 78A-5-102.

15. Venue is proper in this Court pursuant to Utah Code § 78B-3-307.

GENERAL ALLEGATIONS

16. This matter arises from the prescribing, filling, and selling of prescriptions for escitalopram and clonazepam to Mr. Steven Jensen on January 30, 2019 which, when interacting with his other known prescriptions, created a lethal combination that resulted in the death of Mr. Jensen in less than 48 hours.

17. Both escitalopram and clonazepam are respiratory suppressants.

18. The FDA issued a "Black Box Warning" for clonazepam warning against its concomitant use with opioids such as oxycodone.

19. Clonazepam's FDA-approved dosing regimen for its initial use is 0.25 mg twice-per-day for a total of 0.5 mg-per-day for at least three days, after which it can be "increased in increments of 0.125 to 0.25 mg bid every three days."

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[1] This includes, but is not limited to, Walgreens Pharmacy – Store #17870, located in Salt Lake City, Utah, Walgreens Pharmacy – Store #19032, located in Salt Lake City, Utah, and Walgreens Pharmacy – Store #15623, located in Kearns, Utah.

20. In November, 2018, Mr. Jensen was admitted to American Fork Hospital. While there, lab work showed signs of impaired liver and kidney functioning.

21. After being discharged from American Fork Hospital, Mr. Jensen followed up with and saw Defendant Cosgrave several times to monitor his health condition.

22. On January 30, 2019, Mr. Jensen (age 40) visited Defendant Premier's facility at 226 North 1100 East, Suite A, American Fork, Utah as part of this continued monitoring.

23. Defendant Cosgrave owns, at least in part, Defendant Premier.

24. On that day, Defendant Cosgrave was working at Defendant Premier's American Fork facility and provided medical treatment to Mr. Jensen.

25. Defendant Cosgrave's actions were taken within the course and scope of his position with Defendant Premier, and he was acting as Defendant Premier's agent in these actions.

26. At the time of this visit, and for several visits before this date, Dr. Cosgrave was aware that Mr. Jensen had been taking prescription oxycodone to manage chronic pain in Mr. Jensen's lower legs.

27. Mr. Jensen mentioned issues that Defendant Cosgrave diagnosed as anxiety.

28. Defendant Cosgrave was aware that Mr. Jensen was not taking clonazepam or its equivalent at this time, nor had he taken such prescriptions for at least a significant period of time.

29. Defendant Cosgrave was aware that Mr. Jensen was not otherwise being treated for anxiety.

30. Despite his knowledge of Mr. Jensen's use of oxycodone and lack of use of clonazepam or its equivalent or other treatment, Defendant Cosgrave prescribed both escitalopram and clonazepam to Mr. Jensen.

31. Defendant Cosgrave prescribed clonazepam at a dosage of 1 mg twice-per-day, which is four times the amount approved by the FDA in its initial dosing.

32. Defendant Cosgrave prescribed clonazepam in violation of the Black Box Warning.

33. Mr. Jensen filled these prescriptions at Defendant Walgreens' location at 102 North 1200 East, Lehi, Utah 84043.

34. Defendant Walgreens acted through its employees, including its pharmacists, pharmacy techs, and other employees in filling Mr. Jensen's prescriptions.

35. Through its counsel, Defendant Walgreens has stipulated that the pharmacist and other employees that participated in filling Mr. Jensen's prescriptions on January 30, 2019, were agents and/or employees of Defendant Walgreens and were working within the course and scope of their agency and/or employment.

36. Defendant Walgreen knew or should have known that Mr. Jensen was taking oxycodone.

37. Defendant Walgreen never checked the Utah Controlled Substance Database to see whether Mr. Jensen was prescribed any other medications for which his new prescriptions for escitalopram and clonazepam were contraindicated.

38. Defendant Walgreen never informed Mr. Jensen of the risks associated with the concomitant use of escitalopram and clonazepam with oxycodone, or any other risk associated with these prescriptions.

39. Mr. Jensen took his prescriptions of escitalopram and clonazepam as prescribed by Defendant Cosgrave.

40. Mr. Jensen took his oxycodone as it was prescribed to him.

41. On January 31, 2019, Mr. Jensen went to bed.

42. Early in the morning on February 1, 2019, Mr. Jensen was found dead.

43. A subsequent autopsy showed that Mr. Jensen's death was caused by oxycodone and clonazepam toxicity.

44. As a direct and proximate result of the prescriptions, filling of the prescriptions, and selling of the prescriptions, for escitalopram and clonazepam by Defendants, Mr. Jensen died.

45. As a direct and proximate result of the prescriptions, filling of the prescriptions, and selling of the prescriptions, for escitalopram and clonazepam by Defendants, Mr. Jensen suffered premorbid pain and suffering, loss of the enjoyment of life, medical expenses, and such other damages as the evidence may show at trial.

46. As a direct and proximate result of the prescriptions, filling of the prescriptions, and selling of the prescriptions, for escitalopram and clonazepam by Defendants, Plaintiffs have suffered damages from the death of Mr. Jensen including, without limitation: emotional distress; loss of love, companionship, society, comfort, care, protection, and affection; loss of past and future economic support; loss of inheritance; loss of assistance and benefits; medical, funeral, and burial expenses; and such other damages as the evidence may show at trial.

FIRST CLAIM FOR RELIEF
(Negligence/Recklessness v. Defendants Cosgrave and Premier)

47. Plaintiffs incorporate all preceding paragraphs herein and further allege the following:

48. Defendants Cosgrave and Premier owed a duty to Mr. Jensen in providing medical treatment to him, including in the prescribing of medications.

49. Defendants Cosgrave and Premier breached the standard of care owed to Mr. Jensen in numerous respects including, but not limited to:

a. Prescribing clonazepam at a dosage of four-times the FDA-approved dosage;

b. Prescribing clonazepam in violation of an FDA-issued Black Box Warning;

c. Prescribing escitalopram and clonazepam to Mr. Jensen, who was known to be taking oxycodone;

d. Prescribing escitalopram and clonazepam to Mr. Jensen in light of Mr. Jensen's health condition;

e. Failing to prescribe alternative treatments to escitalopram and clonazepam, as required by clonazepam's Black Box Warning;

f. Failing to warn Mr. Jensen about the risks associated with taking escitalopram and clonazepam while taking oxycodone;

g. Failing to provide adequate and proper care to an individual taking oxycodone;

h. Failing to provide adequate and proper care to an individual that had altered liver and kidney functioning; and

i. Any other negligent acts and/or omissions that may later be discovered.

50. Defendant Premier is vicariously liable for the actions of Defendant Cosgrave and other employees involved in the treatment of Mr. Jensen on January 30, 2019.

51. Defendants Cosgrave and Premier's breaches of the standard of care constitute negligence and/or a knowing or reckless indifference toward, and disregard of, the rights of others.

52. As a direct and proximate result of Defendants Cosgrave and Premier's conduct, Mr. Jensen and Plaintiffs suffered the injuries and damages described herein.

SECOND CLAIM FOR RELIEF
(Negligence/Recklessness v. Defendant Premier)

53. Plaintiffs incorporate all preceding paragraphs herein and further allege the following:

54. Defendant Premier, including its agents and employees, owed a duty to Mr. Jensen in providing medical treatment to him, including in the prescribing of medications.

55. Defendant Premier breached the standard of care owed to Mr. Jensen in numerous respects including, but not limited to:

a. Failing to properly and adequately train its physicians regarding the prescription of escitalopram and clonazepam;

b. Failing to properly and adequately train its physicians regarding the prescription of escitalopram and clonazepam to patients taking narcotics, including oxycodone;

c. Failing to properly and adequately train its physicians regarding the prescription of escitalopram and clonazepam to patients with altered kidney and liver functioning;

d. Failing to have adequate safeguards in place to flag potential problematic prescriptions; and

e. Any other negligent acts and/or omissions that may later be discovered.

56. Defendant Premier is vicariously liable for the actions of Defendant Cosgrave and other employees involved in the treatment of Mr. Jensen on January 30, 2019.

57. Defendant Premier's breaches of the standard of care constitute negligence and/or a knowing or reckless indifference toward, and disregard of, the rights of others.

58. As a direct and proximate result of Defendant Premier's conduct, Mr. Jensen and Plaintiffs suffered the injuries and damages described herein.

THIRD CLAIM FOR RELIEF
(Negligence/Recklessness v. Defendant Walgreens)

59. Plaintiffs incorporate all preceding paragraphs herein and further allege the following:

60. Defendant Walgreens, including its agents and employees, owed a duty to Mr. Jensen in filling and selling prescriptions and providing related counseling and treatment.

61. Defendant Walgreens, including its agents and employees, owed a duty to Mr. Jensen to sell prescriptions in accordance with FDA-approved guidelines.

62. Defendant Walgreens, including its agents and employees, owed a duty to Mr. Jensen to provide him with adequate warnings and instructions regarding the use of escitalopram and clonazepam, including informing Mr. Jensen of risks associated with their concomitant use with oxycodone.

63. Defendant Walgreens breached the standard of care owed to Mr. Jensen in numerous respects including, but not limited to:

a. Filling and selling a prescription for clonazepam at a dosage of four-times the FDA-approved dosage;

b. Filling and selling a prescription for clonazepam that violated an FDA-issued Black Box Warning;

c. Filling and selling prescriptions for escitalopram and clonazepam to Mr. Jensen, who Defendant Walgreen knew or should have known was taking oxycodone;

d. Failing to recognize and warn Mr. Jensen against taking potentially lethal medications;

e. Failing to recognize and warn Mr. Jensen against taking contraindicated medications;

f. Failing to flag the prescriptions for escitalopram and clonazepam as inappropriate;

g. Failing to check the database available to pharmacies regarding individuals prescribed opioids;

h. Failing to follow up with Dr. Cosgrave after seeing contraindicated medications being prescribed;

i. Failing to properly train their employees regarding the prescription of escitalopram and clonazepam to patients taking narcotics, including oxycodone;

j. Failing to provide adequate and proper care to an individual taking oxycodone;

k. Failing to provide adequate and proper care to an individual with altered liver and kidney functioning; and

l. Any other negligent acts and/or omissions that may later be discovered.

64. Defendant Walgreens is vicariously liable for the actions of its pharmacists and other employees in filling prescriptions for and selling escitalopram and clonazepam to Mr. Jensen.

65. Defendant Walgreens' breaches of the standard of care constitute negligence and/or a knowing or reckless indifference toward, and disregard of, the rights of others.

66. As a direct and proximate result of Defendant Walgreens' conduct, Mr. Jensen and Plaintiffs suffered the injuries and damages described herein.

PRAYER

WHEREFORE, Plaintiffs pray for a judgment against the Defendants in an amount to be determined by the trier of fact for the following damages, which will be sufficient to satisfy the Tier Three requirements of the Utah Rules of Civil Procedure:

a. For economic damages in an amount to be alleged and proven at trial;

b. For non-economic damages in an amount to be alleged and proven at trial;

c. For punitive damages; and

d. For any other further legal and/or equitable relief deemed just and proper by the Court, including without limitation, attorney fees, costs, pre- and post-judgment interest, and any other damages recoverable by law.

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TIER DESIGNATION

Pursuant to Utah Rules of Civil Procedure 8(a) and 26(c)(3), this matter falls under Tier Three and should be permitted discovery pursuant to Tier Three.

JURY DEMAND

Plaintiffs demand a jury trial of all issues of fact in this matter.

DATED this 30th day of March, 2021.

Eisenberg, Cutt, Kendell & Olson

/s/ Christopher P. Higley
Christopher P. Higley
Attorney for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on this 30th day of March, 2021, a true and correct copy of the foregoing **SECOND AMENDED COMPLAINT AND JURY DEMAND** was served pursuant to URCP 5(b)(3) by the method indicated to the following:

Dave Ference (7853) Derek Williams (9864) CAMPBELL, WILLIAMS, FERENCE & HALL 3920 South 1100 East, Suite 250 Millcreek, Utah 84124 Telephone: (801) 466-4236 dave@cwfhlaw.com derek@cwfhlaw.com *Attorneys for Defendants Cosgrave and Premier*	X Court's ECF System _____ E-mail _____ Facsimile _____ US Mail _____ Hand Delivery
Elizabeth L. Willey (5639) Timothy J. Bywater (11321) Cohne Kinghorn 111 East Broadway, 11th Floor Salt Lake City, Utah 84111 Telephone: (801) 363-4300 EWilley@ck.law tbywater@cklaw *Attorneys for Defendant Walgreens*	X Court's ECF System _____ E-mail _____ Facsimile _____ US Mail _____ Hand Delivery

/s/ M. Winegar

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	XIAO JIAO NIE BROWN
License No :	S022272
Date Issued :	11/21/2016
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/16/2021

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Erika Middle: Marjorie Last: Cardon

Mailing Address: [redacted] N 68th

City: Glendale State: Arizona Zip Code: 85308

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Phoenix, Arizona

SS# or ITIN: [redacted] Sex: ☐ M or ☒ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Arizona (5018015) Date of Issuance: 07/28/2010

College of Pharmacy Information

Graduation Date: 05/15/2010 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Arizona College of Pharmacy

Location of School: 1295 N. Martin, Tucson, AZ 85721

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: $250 check 1057 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
none		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: _____
Military Occupation/Specialty: _____
Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☒	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☑	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
Probation	AZ	10/4/2019	18-0187

Criminal Action:	State	Date:	Case #:	County	Court
DUI	AZ	3/20/2018 3/6/2013	CR2017-129360-001SE 14367306	Maricopa	Superior Court of AZ Maricopa County Municipal court Phoenix

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

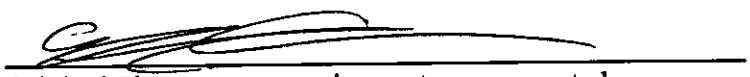
4. Are you the subject of a court order for the support of a child?.....Yes ☒ No ☐
4a. If you marked Yes. to the question 4. are you in compliance with the court order?.....Yes ☒ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

2/22/22

Date

Statement of Explanation Erika Cardon pharmacist license (S018015) probation

I self-elected to stop practicing as a pharmacist from 12/15/16 to 01/22/2019. I had no problems or situations occur professionally before that personal decision. During that time of not practicing as a pharmacist, I was arrested for a DUI in Gilbert, Arizona on 12/25/2016. I immediately contacted 'Professionals Assisting Professions of Arizona' (PAPA), a treatment/rehabilitation/monitoring program contracted with the Arizona State Board of Pharmacy. All court requirements were also promptly completed.

My pharmacist license was put on probation on 10/4/2019 until 8/1/22.

I have been transparent, cooperative and compliant with the pharmacy board and their PAPA program that I enrolled in. I have been in the program since August 1, 2017. I have done weekly drug and alcohol tests and meetings. I have not failed any drug test. I have not consumed any alcohol since the DUI. I have good attendance at the PAPAs meetings. I do the 3 outside recovery meetings required every week as well. The PAPAs steering committee evaluates me biannually. Any prescription medications are monitored. Biannual employer reviews are also required.

Please contact me for any documents or further information I can provide.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Erika Marjorie Cardon
License No :	S018015
Date Issued :	07/28/2010
Expiration Date :	10/31/2023
Status :	OPEN - PROBATION
Discipline :	Yes

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 12/15/2021

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
2005 N. Central Ave., SDG/LES
Phoenix, Arizona 85004
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **ERIKA MARJORIE CARDON,** Holder of License No. S018015 As a Pharmacist In the State of Arizona.	Board Case No. 18-0187 **CONSENT AGREEMENT AND ORDER FOR SUSPENSION (RETROACTIVE) AND PROBATION**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Erika Marjorie Cardon ("Respondent"), holder of Pharmacy License No. S018015 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that she has a right to a public administrative hearing concerning this matter at which hearing she could present evidence and cross

examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against her.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 18-0187 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, she may not revoke her acceptance of the Consent Agreement or make any modifications to the document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B)(20) and A.R.S. § - 1927(A) (1).

14. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 10/4/19

Erika Marjorie Cardon
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S018015 which allows her to practice as a Pharmacist in the State of Arizona. Upon information and belief, Respondent ceased practicing pharmacy on December 15, 2016. She returned to practice on January 22, 2019.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. On or about May 16, 2018, Mr. Chris DeRose, Clerk of the Maricopa County Superior Court notified the Board that on May 11, 2018, Respondent was convicted of Count 1: extreme aggravated driving or actual physical control while under the influence of intoxicating liquor or drugs with a BAC of .15 or more, a class 6 undesignated felony. Court records show that Respondent pleaded guilty to this offense. Respondent failed to notify the Board of her conviction until she filed her application for renewal.

5. The conviction set forth in paragraph 4 stems from her arrest on December 25, 2016. At the time of her arrest on a number of charges relating to the extreme DUI.

6. Respondent failed to notify the Board of the pending charges pursuant to A.R.S. §32-3208(A).

7. Pursuant to A.R.S. §32-3208(D), it is an act of unprofessional conduct not to report to a licensing board if a licensee is charged with a crime that could affect this or her ability to safely practice their profession.

8. Records indicate that Respondent also has a misdemeanor DUI conviction from March 6, 2013.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(1) and (8) and A.R.S. §32-3208.

ORDER

Based upon the above Findings of Fact and Conclusions of Law:

1. IT IS HEREBY ORDERED THAT Pharmacist License No. S018015, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a minimum period of six (6) months. The suspension is retroactive to August 1, 2017 and thus, terminated on February 1, 2018. Respondent entered a treatment/rehabilitation/monitoring contract with Arizona Pharmacy Foundation: Professionals Assisting Professionals ("PAPA") on August 1, 2017. Respondent shall remain under contract with PAPA at least until August 1, 2022.

2. Respondent's contract shall provide for, at a minimum, the following:

a. Observed random body fluid samples as directed by the provider;

b. Participate in peer group or 12 step meetings as directed by the provider; and

c. Respondent shall provide this Consent Agreement to all current and future employers and PICs and the employers and PIC must acknowledge in writing receipt and review of this Order and file such acknowledgement with the Board.

3. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the rehabilitation/treatment/monitoring program.

4. Respondent must request in writing to the Board that the probation be lifted and must also appear in person before the Board at the meeting at which her request will be considered. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

5. During the period of Respondent shall complete 400 hours of community service approved by Board staff. Respondent shall ensure that all entities to which she provides community service verify in writing to the Board the number of hours completed within 30 days of Respondent completing the community service.

6. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of her probation.

7. Respondent shall furnish the Board with a list of all jurisdictions in which she maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

8. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

9. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

10. Respondent shall execute all appropriate release of information forms to permit the Respondent's treatment professionals and the evaluator to communicate with the Board regarding Respondent's treatment.

11. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

DATED this 7th day of October, 2019.

ARIZONA STATE BOARD OF PHARMACY

By: Elizabeth Dodge, Deputy Director for
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 7th day of October, 2019, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 7th day of October, 2019, to:

Erika Marjorie Cardon
13414 North 87th Lane
Peoria, AZ 85381

EXECUTED COPY OF THE FOREGOING MAILED
this 7th day of October, 2019, to:

Jeanne M. Galvin
Assistant Attorney General
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004
Attorney for the Board

Doc # 8247480

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Erika Middle: Marjorie Last: Cardon

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] N 69th Ave

City: Glendale State: AZ Zip: 85308

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: work until license available

Section 2: Employment Information

Pharmacy Name: T C Script NV Pharmacy License # (if applicable): _____

Address: 17255 N. 82nd St, Suite 130

City: Scottsdale State: AZ Zip: 85255

Telephone: (855) 584-6189 Email: erika.cardon@trialcard.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Arizona S018015 Date of issuance: 7/29/2010

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

[signature] 2/23/22

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

8C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Lyndon Middle: Ray Last: Leitner

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Old Cheney Rd

City: Lincoln State: NE Zip: 68526

Telephone: [redacted] Email: l.leitner@staskapharma.com

Reason for Temporary License: Working on licensing my 503b facility in NV.

Section 2: Employment Information

Pharmacy Name: STASKA PHARMACEUTICALS NV Pharmacy License # (if applicable):

Address: 742 Evergreen Dr

City: Bennet State: NE Zip: 68317

Telephone: 402-782-2207 Email: l.leitner@staskapharma.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: CO Date of issuance: 06/01/2001

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220

Original Signature, no copies or stamps accepted

01/12/2022
Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Lyndon Middle: Ray Last: Leitner

Mailing Address: [redacted] Old Cheney Rd

City: Lincoln State: NE Zip Code: 68526

Telephone: [redacted] E-mail Address: l.leitner@staskapharma.com

Date of Birth: [redacted] Place of Birth: Kansas

SS# or ITIN: [redacted] Sex: ☐ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Colorado Date of Issuance: 06/01/2001

College of Pharmacy Information

Graduation Date: 05/01/2001 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Univ of Nebraska Medical Center Coll of Pharm

Location of School: Omaha, NE

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 cc Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
NE	12579	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	X	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	X

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
CLS Letter of Admonition	CO	07/16/2010	2010-3366
Letter of Censure, Civil Penalty	NE	09/16/2009	H09-3033

Criminal Action:	State	Date:	Case #:	County	Court
DWAI	CO	11 / 08 /2004	04319851	Larimer	Larimer County Justice Center

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

01/12/2022

Date

LLEITNER@MYLINCOLNPHARMACY.COM

Lyndon Ray Leitner
NABP e-Profile ID: 152649

Have you considered taking Pre-MPJE? (https://nabp.pharmacy/programs/mpje/pre-mpje/)

Confirmation

Thank you for your purchase.
A confirmation will be sent to you via email. You may also print this page for your records.

Confirmation Number: AR0E7BF331D4

Service:	MPJE® Application Fee-Nevada
Service Price:	$100.00 / EACH
Charged Price:	$100.00 / EACH
Quantity:	1
Subtotal:	$100.00
Order Total:	$100.00

Contact Information

Lyndon Ray Leitner

10701 Old Cheney Rd
Lincoln, Nebraska 68526
United States

Copyright©2022 National Association of Boards of Pharmacy® (NABP®)

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Lyndon R Leitner	Lincoln, NE 68526

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PHA.0016068	Examination	Pharmacist	Active	06/01/2001	11/01/2021	10/31/2023

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2010-3366	CLS Letter of Admonition	Letter of Admonition	07/16/2010	

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource

Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=174980&docGuid=6DB17185-E1E0-4B7C-8CA0-8C4E117A095A)	174980	BOARD/PROGRAM ACTION DOCUMENTS	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=423553&docGuid=4CE7AE2D-97E1-40CD-92D2-DF07F9D81170)	423553	HPPP-OS PUBLIC DISCIPLINARY ACTION	IMAGE

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Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

July 16, 2010

Lyndon R. Leitner, R.Ph.

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2010-3366

Dear Mr. Leitner:

The Colorado State Board of Pharmacy ("Board") considered the above referenced complaint at its July 15, 2010 meeting. After careful consideration of the available information, the Board determined that on September 16, 2009, you entered into an Order on Agreed Settlement with the Nebraska Department of Health and Human Services for fraudulently billing compounded preparations under the names of drugs that were not used in those preparations.

The Board hereby admonishes you for violations of C.R.S. sections 12-22 125(1)(c)(I),(II) and (III), (g) and (k) and Board Regulations 1.00.11 and 1.00.12.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

WA/cmg

xc: File

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 1/12/2022.

Name:	Lyndon Ray Leitner RP
Type:	Pharmacist
Number:	12579
Status:	Active
Issued:	09/07/2006
Expiration:	01/01/2024
Education:	05/05/2001 UNMC

Disciplinary/Non-Disciplinary Information:

09/16/2009		Censure
08/21/2009		Petition for Disciplinary Action Filed
09/16/2009	03/16/2010	Civil Penalty

All disciplinary/non-disciplinary actions taken against this license are listed above.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
STATE OF NEBRASKA

STATE OF NEBRASKA ex rel., JON BRUNING, Attorney General,	)	
Plaintiff,	)	**H09-3033**
v.	)	**ORDER ON AGREED SETTLEMENT**
LYNDON LEITNER, R.P.,	)	
Defendant.	)	

A proposed Agreed Settlement was filed with the Department on August 21, 2009.

ORDER

1. The Agreed Settlement is adopted, attached hereto and incorporated by reference.
2. The facts as set out in the petition are taken as true and adopted herein.
3. The parties shall comply with all of the terms of the Agreed Settlement.

DATED this 16 day of September, 2009.

Joann Schaefer, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 17th day of September, 2009, a copy of the foregoing **ORDER ON AGREED SETTLEMENT** was sent by certified United States mail, postage prepaid, return receipt requested, to **Lyndon Leitner, 6849 Ridge Point Road, Lincoln, NE 68512** by interoffice mail to **Lisa K. Anderson,** Assistant Attorney General, 2115 State Capitol, Lincoln, Nebraska.

Ashlea Cedrone
DHHS Legal and Regulatory Services
P.O. Box 98914
Lincoln NE 68509-8914
P. (402) 471-7237 F. (402) 742-2376

FILED
AUG 2 1 2009
DHHS
Legal and Regulatory Services

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
STATE OF NEBRASKA

STATE OF NEBRASKA ex rel. JON BRUNING, Attorney General,	)	
Plaintiff,	)	**AGREED SETTLEMENT**
vs.	)	
LYNDON LEITNER, R.P.,	)	
Defendant.	)	

The Plaintiff and the Defendant, Lyndon Leitner, R.P., in consideration of the mutual covenants and agreements contained herein, agree as follows:

1. The Defendant, Lyndon Leitner, R.P., was issued a license to practice pharmacy (#12579) by the Nebraska Department of Health and Human Services Division of Public Health ("Department").

2. The Defendant acknowledges receipt of a copy of the Petition for Disciplinary Action and waives the need for further service of the Petition upon him.

3. Before disciplinary measures may be taken against the Defendant's license, the Defendant is entitled to a hearing as provided by law. The Defendant waives the right to a hearing. The Defendant also waives any right to judicial review of a disciplinary order which approves the terms of this Agreed Settlement.

4. No coercion, threats, or promises, other than those stated herein, were made to the Defendant to induce him to enter into this Agreed Settlement.

5. The Defendant acknowledges that he is also licensed to practice pharmacy in Colorado.

6. The Defendant acknowledges that he has read the Petition for Disciplinary Action filed by the Attorney General's Office and does not contest the allegations in the Petition.

7. The Plaintiff and the Defendant consent to the entry of a final disciplinary order by the Chief Medical Officer which finds the allegations of the Petition for Disciplinary Action are true, censures the Defendant's pharmacy license and imposes a civil penalty in the amount of One Thousand Dollars ($1,000). The civil penalty shall be payable within six (6) months from the date the Chief Medical Officer enters the Order on Agreed Settlement. In the event the Defendant fails to pay the civil penalty in full by the stated deadline, the Chief Medical Officer may summarily suspend the Defendant's license, which suspension shall remain in effect until the civil penalty is paid in full.

8. The Attorney General's Office has given notice of this Agreed Settlement to the Board of Pharmacy and has received their input in accordance Neb. Rev. Stat. § 71-161.03 (2007 Supp.) transferred to Neb. Rev. Stat. § 38-190 (Reissue 2008).

9. If this Agreed Settlement is not approved by the Chief Medical Officer, this Agreed Settlement shall become null and void and will not be admissible for any purpose at any hearing that may be held on this matter.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

AGREED TO:

BY: _____
Lyndon Leitner, R.P.
Defendant

State of Nebraska)
) ss.
County of Lancaster)

This Agreed Settlement is acknowledged before me by Lyndon Leitner, R.P., on this 18TH day of August, 2009.

_____
Notary Public
My Commission Expires:

GENERAL NOTARY - State of Nebraska
TAMARA A. SOCK
My Comm. Exp. June 22, 2010

STATE OF NEBRASKA, ex rel. JON BRUNING, Attorney General,
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: _____
Lisa K. Anderson, #21845
Assistant Attorney General
2115 State Capitol
Lincoln, NE 68509-8920
(402) 471-4593

Attorneys for the Plaintiff.

55-971a.2-3

FILED
AUG 2 1 2009
DHHS
Legal and Regulatory Services

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
STATE OF NEBRASKA

STATE OF NEBRASKA ex rel. JON BRUNING, Attorney General,	)	
Plaintiff,	)	
v.	)	**PETITION FOR DISCIPLINARY ACTION**
LYNDON LEITNER, R.P.,	)	
Defendant.	)	

The Plaintiff alleges as follows:

ALLEGATIONS COMMON TO ALL CAUSES OF ACTION:

1. Jurisdiction is based on Neb. Rev. Stat. § 71-150 (2007 Supp.) transferred to §§ 38-176 and 38-186 (Reissue 2008).

2. At all times relevant herein, the Defendant, Lyndon Leitner, R.P., has been the holder of a license (#12579) issued by the Department of Health and Human Services Division of Public Health ("Department") to practice pharmacy in the State of Nebraska.

3. The Department is the agency in the State of Nebraska authorized to enforce the provisions of the Uniform Licensing Law and the Uniform Credentialing Act regulating the practice of pharmacy.

4. The Nebraska Board of Pharmacy considered the investigation of this matter and made a disciplinary recommendation to the Attorney General, which recommendation has been considered. Such matters are privileged pursuant to Neb. Rev. Stat. § 71-168.01 (Reissue 2003) transferred to § 38-1,105 (Reissue 2008).

5. The Defendant has been the owner of N. Pharmacy in Lincoln, Nebraska since July of 2007.

6. Between 1993 and 2008, N.Pharmacy submitted false third party billing claims to Medicaid and Medicare for compounded prescriptions. The Defendant and other N.P. pharmacists would add a coverable drug, usually a topical steroid such as clobetasol or desoximetasone, to the prescription for billing purposes. The medication dispensed did not actually include the added drug.

7. Dr. E.R., a Lincoln dermatologist, identified prescription labels for two patients which indicated the compounded medications contained clobetasol. The prescriptions were prepared and dispensed pursuant to his medical orders which did not include clobetasol. One of the patients was less than twelve years old. Dr. E.R. informed a Department Investigator that clobetasol is a high potency anti-inflammatory agent which is not recommended for use on children less than twelve years of age. Dr. E.R. also stated that he was concerned that his patients would present the prescriptions, with the added drug included on the label, to their primary care physicians who would assume the patients were taking the added drug.

8. The Defendant told a Department investigator that he learned of the pharmacy practice of adding a coverable drug to a compounded medication for billing purposes when he refilled a prescription for a customer. He said he "let it slide" because he had so many other things to deal with being the new owner of the pharmacy.

9. The Defendant told the Department investigator that he received FWA (Fraud Waste & Abuse) training in January of 2009. After the training, he concluded he needed to address the compounding medication/added drug billing issue.

10. N. Pharmacy continued to use the compounding medication/added drug billing plan until a physician complained about the practice in April of 2009.

FIRST CAUSE OF ACTION

11. Paragraphs 1 through 10 are incorporated herein by reference.

12. Neb. Rev. Stat. § 71-147(10) (2007 Cum. Supp.) transferred to Neb. Rev. Stat. § 38-178(23) (Reissue 2008) provides that a professional license may be disciplined for unprofessional conduct.

13. Neb. Rev. Stat. § 71-148(4) (Reissue 2003) transferred to Neb. Rev. Stat. § 38-179(3) (Reissue 2008) defines unprofessional conduct as "obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents.

14. The Defendant's conduct set forth above in paragraph 6 constitutes unprofessional conduct and grounds for discipline.

SECOND CAUSE OF ACTION

15. Paragraphs 1 through 14 are incorporated herein by reference.

16. Neb. Rev. Stat. § 71-147(10) (2007 Cum. Supp.) transferred to Neb. Rev. Stat. § 38-178(23) (Reissue 2008) provides that a professional license may be disciplined for unprofessional conduct.

17. Neb. Rev. Stat. § 71-148(19) (Reissue 2003) transferred to Neb. Rev. Stat. § 38-179(10) (Reissue 2008) defines unprofessional conduct as "failure to keep and maintain adequate records of treatment or service".

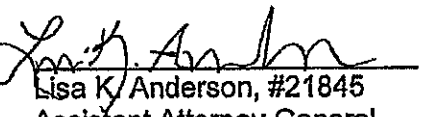
18. The Defendant's conduct set forth above in paragraph 6 constitutes unprofessional conduct and is grounds for discipline.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff prays that the Chief Medical Officer set this matter for hearing, order appropriate disciplinary action pursuant to Neb. Rev. Stat. § 71-155 (2007 Supp.) transferred to Neb. Rev. Stat. § 38-196 (Reissue 2008) and tax the costs of this action to the Defendant.

STATE OF NEBRASKA ex rel. JON BRUNING, Attorney General,
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: 
Lisa K. Anderson, #21845
Assistant Attorney General
2115 State Capitol
Lincoln, NE 68509
(402) 471-4593

Attorneys for Plaintiff.

55-971.1-3

COLORADO DEPARTMENT OF REVENUE
HEARINGS SECTION

~~800~~ 536-5321
~~9~~) ~~866~~-4622

3) 205-5606

ORDER OF REVOCATION

IN THE MATTER OF THE PRIVILEGE
OF OPERATING A MOTOR VEHICLE
IN THE STATE OF COLORADO OF

LYNDON R LEITNER
[redacted] E 12TH AVE
THORNTON CO 80241

CASE NUMBER: 04319851
DRIVER'S LICENSE: [redacted]
DATE OF BIRTH: [redacted]
MICROFILM : 04320601621

THIS MATTER HAVING BEEN CONSIDERED AFTER OPPORTUNITY FOR HEARING AS PROVIDED BY LAW, THE HEARING OFFICER NOW BEING FULLY ADVISED FINDS THAT THE FACTS SUSTAIN REVOCATION AS PROVIDED IN 42-2-126 CRS. IT IS THEREFORE ORDERED THAT YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN THIS STATE IS HEREBY REVOKED.

IT IS FURTHER ORDERED THAT THE REVOCATION SHALL REMAIN IN EFFECT UNTIL 16 FEBRUARY 2005 AND SHALL CONTINUE IN EFFECT UNTIL THE PROVISIONS OF 42-2-132 CRS ARE COMPLIED WITH, REQUIRED INSURANCE SR-22 FILED AND A REINSTATEMENT FEE IS PAID TO THE DEPARTMENT OF REVENUE, MOTOR VEHICLE DIVISION. $60

IT IS FURTHER ORDERED THAT YOU SURRENDER ALL DRIVER LICENSES/ PERMITS NOW HELD BY YOU AND IN YOUR POSSESSION OR CONTROL.

DRIVING UNDER THIS RESTRAINT IS PROHIBITED AND CAN RESULT IN A ONE YEAR EXTENSION OF THE RESTRAINT, FINES AND A MANDATORY JAIL SENTENCE. THIS ORDER MAY BE APPEALED WITHIN THIRTY DAYS PURSUANT TO 42-2-135 CRS.

EFFECTIVE THIS 17 DAY OF NOVEMBER 2004

I ACKNOWLEDGE SERVICE OF THE
ORIGINAL COPY OF THIS ORDER:

RESPONDENT _____ HEARING OFFICER _____

DATE: 11/17/04 #_____

LICENSE SURRENDERED YES NO

IMPORTANT THINGS TO REMEMBER ABOUT THIS REVOCATION

*YOU ARE NOT ALLOWED TO DRIVE AFTER THIS HEARING FOR ANY REASON.

*THIS REVOCATION DOES NOT AUTOMATICALLY END. DRIVING WITHOUT FIRST REINSTATING IS DRIVING UNDER REVOCATION.

*DO NOT DRIVE AFTER YOUR REINSTATEMENT DATE UNTIL YOU HAVE COMPLETED THE REINSTATEMENT PROCESS AND BEEN ISSUED A LICENSE. AFTER TODAY YOU WILL NOT RECEIVE ANY ADDITIONAL LETTERS FROM THE DEPT. OF REVENUE REMINDING YOU WHAT TO DO OR WHEN.

DRIVING AFTER REVOCATION IS A SERIOUS CRIMINAL OFFENSE. ANY EVIDENCE OF DRIVING UNDER REVOCATION WILL RESULT IN A NEW ONE-YEAR REVOCATION WITH NO DRIVING POSSIBLE FOR ANY REASON, MINIMUM MANDATORY JAIL OF 30DAYS, FINES AND A BAIL OF $10,000.

REINSTATEMENT REQUIRES A REINSTATEMENT FEE (CURRENTLY $60.00), PROOF OF INSURANCE (USUALLY BUT NOT ALWAYS A SR-22) AND IF AN ALCOHOL RELATED REVOCATION PROOF OF COMPLETION FOR ALCOHOL CLASSES (THIS VARIES ACCORDING TO THE REVOCATION*A BAC OF .200 OR GREATER REQUIRES COMPLETION OF OR ENROLLMENT IN A LEVEL II ALCOHOL PROGRAM). OTHER REQUIREMENTS MAY BE NECESSARY DEPENDING ON THE REVOCATION. IT IS YOUR RESPONSIBILITY TO DETERMINE ANY ADDITIONAL REQUIREMENTS AND HAVE THEM COMPLETED PRIOR TO REINSTATEMENT.

*OBTAINING A LICENSE AFTER REINSTATEMENT MAY REQUIRE FUTHER TESTING (SUCH AS THE WRITTEN AND/OR DRIVING TESTS), PROOF OF PAYMENT FOR ANY UNPAID OR OUTSTANDING VIOLATIONS AND CLEARANCE OF ANY OUT OF STATE RESTRAINT ACTIONS.

UNIFORM SUMMONS & COMPLAINT OR PENALTY ASSESSMENT

ROAD CODE RCAT MILE POST — ACF 000 CR 3C041731 NO. 216258

THE PEOPLE OF THE STATE OF COLORADO VS: SSN:

Defendant (Last Name) LEMMER (First) LYNDON (Middle) C Date of Birth Mo. Day Yr. Age 28 (X) Traffic ( ) Penal Violation Mo. Day 8-22-04

Defendant's Address [redacted] E. 12TH AVE City THORNTON State CO Zip Code 80241 Direction of Travel N (S) E W Approx. Time of Viol 0225

Driver's License Number and Type [redacted] State CO Race W Sex M Height 602 Weight 225 Hair BRN Eyes BLU Home Telephone [redacted] County LARIMER

Employer Name Employer Address Occupation Business Telephone SAME Traffic Accident ( ) Yes (X) No Injuries Involved ( ) Yes ( )

Vehicle License Number and Type [redacted] State CO Vehicle Year 04 Make CHE Type or Body Style AT

Vehicle Color (Top/Bottom) WHITE [redacted]

Approximate Location of Violation, State of Colorado (X) On COLLEGE SB (X) At Intersection With: PITKIN MILES FROM

YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED BELOW IN: LARIMER COUNTY COURT AT: 201 LAPORTE IN: FT COLLINS COLORADO ON OCT. 18 20 21 AT 0800

Registered Owner (Name and Address) (X) Same as above; or

THIS IS A LEGAL DOCUMENT READ BOTH SIDES

CHARGE(S)

☐ CRS 42-4-237 (2) Code _____ Drove vehicle when safety belt not in use. ( ) Driver ( ) Front Seat Passenger $15 Fine $2 Surcharge 0 Points

☐ CRS 42-4-1101 (___) (___) Code _____ Speeding _____ MPH in _____ zone. $ ____ Fine $ ____ Surcharge ___ Points

☐ CRS 42-4-1409 (1) Code 954 Owner Operated Uninsured Motor Vehicle
☐ CRS 42-4-1409 (2) Code 956 Person Operated Uninsured Motor Vehicle
☐ CRS 42-4-1409 (3) Code 957 Failed to Present Evidence of Insurance
Check only one box – all are SUMMONS and 4 POINTS

	SECTION		CODE	FINE $	SURCHARGE $	PO
CRS	42-4-1301 (1)(a)	DROVE VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL	800	SUMMONS		
CRS	~~42-4-1301~~ (2)(a) KC					

NRVC ( )	CUSTODIAL ARREST (X)	FINGER PRINTED ( )	CDL ( )	CMCL VEH REQ CDL INVOLVED ( )	CMV USDOT #	PLACARDED HAZ MAT ( )	SURCHG TOTAL $	TOTAL TO BE PAID BY MAIL $ (FINE AND SURCHARGE)

SUMMONS TRAFFIC INFRACTION ( ) OFFENSE (X)

Without admitting guilt, I promise to appear at the time and place indicated above.

DEFENDANT VALID CO DL

NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE

PENALTY ASSESSMENT TRAFFIC INFRACTION ( ) OFFENSE ( ) MAILED ( )

My signature is a promise to pay this penalty assessment within 20 days. With payment, I acknowledge guilt of all charges listed above a understand that the points indicated will be assessed against my driver's license. If I do not pay, my signature is a promise to appear in c

DEFENDANT

NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE

THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORAD AFFIRMS THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS SERVED UPON THE DEFENDANT.

DISTRICT | TROOP | PATROL | DATE — MO. DAY. YR. Ulrich Tatar

OFFICER–PRINT LAST NAME ULRICH

1620

Person Status:

Supervision Level:

04T 104017 TERM Larimer County

None

Margo J. Schapanski — Alcohol Investigations

Margo J. Schapanski — Alcohol Supervision

No VAC Assigned

Case Information

Completed

11/17/2004

11/08/2004 — 11/08/2005 — 03/08/2005

11/17/2004 — $695.60

11/16/2005 — 115

Parties

11/08/2004 Sentence Resulting In Plea — Active

Alcohol Eval Fee	$181.00
Brain Injury Fund [Traumat	$15.00
Persistent Drunk Driving S	$75.00
Breath/Blood Test	$12.50
Restitution	$38.10

PROBATION / ADDS DEPARTMENT
315 WEST OAK STREET SIXTH FLOOR
FORT COLLINS CO 80521-2731

MARGO SCHAPANSKI
ALCOHOL/DRUG EVALUATION SPECIALIST

315 WEST OAK STREET SIXTH FLOOR
FORT COLLINS CO 80521-2731

(970) 498-5879
FAX (970) 498-5805

LARIMER COUNTY SHERIFF'S OFFICE

Alternative Sentencing Unit
2405 Midpoint Drive, Fort Collins, CO 80525

Alternative Sentencing Unit
Community Service Inter-County Reciprocal Referral

TO: Intervention/B.I. (Adams Co.)
(Agency)
108 West Walnut Street
(Address)
Brighton, CO 80601
(City/State/Zip)
Phone: (303) 654-0555 Fax: (303) 659-9212

FROM: Alternative Sentencing Unit
2405 Midpoint Drive
Fort Collins, CO 80525
FAX #: 970-498-5240

COPY

DEFENDANT: PLEASE CONTACT THE AGENCY INDICATED ABOVE AT THE EARLIEST DATE POSSIBLE TO MAKE ARRANGEMENTS TO DO YOUR USEFUL PUBLIC SERVICE.

Name of Client: Lyndon Leither
DOB: [redacted]
Address: [redacted] E. 127th Ave Phone: 970·
Case No: 04T104017 was Sentenced on: 030805 by Judge Schultz
For the Charge(s) of: DUAI
He/she is being referred for 24 hours of Useful Public Service to be completed by 030805.
This client is covered under a special liability policy and has paid the premium.
Comments (prior record, health limitations, etc.): None

NOTE: Larimer County **DOES NOT** accept **CASH DONATIONS** to non-profit agencies in lieu of doing Community Service hours. Clients **MUST** work their hours.

NOTE: Larimer County Judges make the **MADD Victim Impact Panel** a separate sentencing requirement. Please **DO NOT** give Community Service credit for attending.

Upon completion or termination of this placement, please indicate:

Successfully completed: [ ] Total hours completed: _____ Date: _____

Did not complete: [ ] Comments if any: _____

No contact made: [ ] Comments if any: _____

By: _____ Date: _____
Authorized Agency Signature

Please return to referring county, attention of (counselor): Melissa 498-5284

Community Service: (970)498-5280 Workender/Midweek: (970)498-5241 or 498-5230
Work Release: (970)498-5239 Electronic Home Detention: (970)498-5239

FAX: (970)498-5240

LCSD/C-4 (9/03)

STATE OF COLORADO

COLORADO DEPARTMENT OF REVENUE

Motor Vehicle Business Group
Senior Director: Aurora Ruiz-Hernandez

BUSINESS LOCATION
1881 Pierce Street, Lakewood Colorado
(303)205-5613 FAX (303) 205-5990

MAILING ADDRESS (No street address is required)
Motor Vehicle Business Group
Driver Control, Room 164
Denver, CO 80261-0016

September 20, 2004

20040920 1842524 04-319851 DI5 R108
LYNDON R LEITNER
[redacted] E 127TH AVE
THORNTON CO 80241

Case Number: 04-319851
License Number: [redacted]
Date of Birth: [redacted]

ORDER of REVOCATION effective 10/01/2004

Please read the following information carefully.

The records of this department indicate that you submitted to a chemical test of your blood or breath which disclosed that while you were operating a motor vehicle you had an alcohol content of 0.08 or more. You may request a hearing concerning this matter by applying in writing or in person to this office or in person at any driver license office prior to the effective date shown above. AT THE TIME OF REQUEST, YOU MUST SURRENDER ANY DRIVER LICENSES AND/OR PERMITS IN YOUR POSSESSION. If eligible, a 60 day permit will be issued.

You may also request the law enforcement officer be present at your hearing. You may request this at the time you request your hearing or you may subpoena the officer at least five calendar days prior to the hearing date.

If a written request is not received by 09/30/2004 you waive your right to a hearing and in conformity with 42-2-126 CRS, this being your first offense, your privilege to operate a motor vehicle in this state is hereby revoked for three months.

This order will remain in effect until 12/31/2004 and the following reinstatement requirements are met: 1) Payment of a reinstatement fee. 2) Filing of future proof of liability insurance in the form of an SR22. This form is obtained from your insurance company. 3) Completion of an alcohol certification that is available at our reinstatement offices. Once reinstated, you will be required to apply for a new driver license and/or permit.

A revocation pursuant to 42-2-126 CRS does not permit the consideration of any type of driving privileges during the revocation period except as provided in 42-2-126(6)(b) CRS.

Director
Driver Services Division

DR 2642 (07/27/04)

P44519LM

Notice of Federal Requirements Regarding the Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

(1) The patient consents in writing;

(2) The disclosure is allowed by a court order; or,

(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation purposes.

Violation of federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works in the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate state or local authorities. (See U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Signature of Defendant _____ Date _____

Signature of Guardian _____ Date _____

Signature of Witness Mary Schaper Date 11-17-04

170 970-498-6261

Larimer County, Colorado
Larimer County Justice Center
201 La Porte Avenue Suite #100
Fort Collins, Colorado 80521-2761

498 CASE 6110 6195-60

498-6000

THE PEOPLE OF THE STATE OF COLORADO

v.

DANIEL L CLINE.
Defendant

▲ COURT USE ONLY ▲

Case Number: 111111

Courtroom: 1A 3A 3B 3C

DISPOSITION AND FINAL ORDER

CHARGE	PLEA	FINDING	FINE + COSTS	SUSPENDED	TOTAL $
1 DUI	G		120		
2					
3			DV DUI Other Count		
4					

Domestic Violence Enhancer (Check if applicable) ☐ ☐ Blood Alcohol Content 115

☐ Restitution $ 3010 ☐ Reserved for _____ days ☒ Bond Discharged

Everett SD

Costs shall be assessed pursuant to statute in addition to any fine

OTHER CONDITIONS/PENALTIES:

☐ **Presentence Evaluation** _____ **Sentencing Date @** _____ **am/pm Courtroom** _____

☐ **Probation** ☐ **Supervised** ☐ **Unsupervised for** 12 days/months/years from today. Defendant must pay all fees required by the agency.

Defendant to check in with the probation department immediately

☐ **Probation Department: 201 La Porte Avenue #110, Fort Collins, Colorado (970) 498-5800**

☒ **Alcohol Unit: 315 West Oak, 6th Floor, Fort Collins, Colorado (970) 498-5800** Transfer

☐ **Domestic Violence Evaluation/Treatment**

☐ **Alcohol/Drug Evaluation/Treatment** ☐ **Victim Impact Panel by:** _____

☐ **Probation/UPS/VIP can be done in** _____ **County/State**

☐ **Intervention:** 315 West Oak, Suite #401, Fort Collins, Colorado (970) 407-0500 – **Report immediately today**

☒ **Community Service** 24 **hours to be completed within** 120 **days from today (Cost of $80.00)**

Call ☒ Alternative Sentencing Unit, 2405 Midpoint Dr. (970) 498-5280 within 3 days from today

Call ☐ Colorado Probation Services, 315 W. Oak, Ste 700, Ft. Collins, CO (970) 416-8554 within 3 days from today

☐ **Jail:** _____days/months. Suspended _____days/months.
Credit for time served _____days. Balance to be served is _____ days/months.
The court sentences the defendant to jail. The following is permitted if the rules of the Detention Center are followed:
☐ Straight Time ☐ Workender ☐ Midweeker ☐ Work Release ☐ Home Detention with either ☐ Detention Center
to commence on _____ at _____ am/pm

☐ **Alive @ 25 or NCTI**_____ ☐ **School** to be completed by _____

☐ The defendant shall have ***NO CONTACT*** (either directly or indirectly) with_____
or the premises located at_____

☐ **Complete Institute for Alcohol Awareness (IAA) program** by _____ ☐ **MIP Class (8 hours) $50.00**
255 Linden St. #206, Fort Collins, CO 80524 (970) 221-4057; 325 East 7th Suite E, Loveland, CO 80537 (970) 663-2900;
617 Main Street, Windsor, CO 80550 (970) 686-6034

BRTH Breath Test ☐ **$12.50** **Blood Test** ☐ **$50.00** **Urine Test** ☐ **$55.00**

☐ **Deferred Sentence/Judgment** _____days/months/years. Review date_____ at_____

B L Schultz — 11/5/04 — _____

Judge/Magistrate **Date** **Tape Number**

NOTICE

You must IMMEDIATELY present this form to the Clerk's office for payment and/or release of your cash bond. All fines and costs are due immediately. Failure to pay when due may result in a warrant for your arrest and subsequent jail, the imposition of late fees, and you may be unable to renew your driver's license. All checks must include your case number to insure that your account is properly credited. Probation Department will furnish written statement of conditions of probation.

_____ — _____ — 11/5/04

Defendant's Signature — Telephone Number — Date

3456 E 127th Ave — Thornton — CO

Address — City — State

LCC 023 (R4/04)

PROBATION / ADDS DEPARTMENT
315 WEST OAK STREET SIXTH FLOOR
FT COLLINS CO 80521-2731

(970) 498-5801
FAX (970) 498-5805

Paul H. Cooper
Chief Probation Officer

BY ORDER OF THE COURT/PROBATION DEPARTMENT:

LYNDON LEITNER is to report within 7 days of this appointment or after sentencing for the purpose of an **Alcohol Education/Treatment Program:**

TO:
- ☐ Alcohol Counseling & Guidance..... 2000 S. College #210, Fort Collins.....221-3425
- ☐ A New Perspective..... 1004 McHugh, Fort Collins.....419-1100
- ☐ ARC Counseling ..... 2629 Redwing Road Ste 365, Fort Collins.....224-1253
- ☐ Institute for Alcohol Awareness. ..... 255 Linden Ste. 206, Fort Collins.....221-4057
- ☐ LCAS/Hope Center ..... 301 E. Olive, Fort Collins.....493-1157

- ☐ A New Perspective ..... 1215 N. Cleveland, Loveland..... 461-0978
- ☐ ARC Counseling..... 177 S. Madison Ave., Loveland.....667-8700
- ☐ Institute for Alcohol Awareness ..... 325 E. 7th, Suite E, Loveland..... 663-2900
- ☐ LCAS/Hope Center ..... 446 Garfield, Loveland..... 669-1700

- ☐ New Directions.....548 Mountain, Berthoud.....303-532-4755
- ☐ MWSE.....Wellington Federated Church, 8445 3rd, Wellington.....377-0838
- ☐ IAA/Creative Counseling..... 617 Main Street, Windsor..... 686-6304
- ☒ Other ACACIA COUNSELING
  Name
  12061 PENNSYLVANIA ST # 103
  Address
  THORTON CO 80241 303-254-9333
  City State Phone

Be sure to let your Probation Officer know if you change agencies or have a change of address or phone number.

Level I Education 12 hours; Therapy _____ hours; IOP ____; Mental Health Eval/Serv. ☐

Monitored Sobriety: Antabuse: ☐; Breath Tests: _____/week Random/Daily; UA's:_____

☐ Per Court Order, no illicit substance use. Other:_____

✓**Treatment Program Entry Date Deadline:** END OF JAN PER MARGO 11/24 3 COPY 12/17/04 **Completion Date Deadline:** 2/8/05

✓**VICTIM IMPACT PANEL (M.A.D.D.): Must attend by:** 3/8/05
Call 1-303-425-5905 for times and locations.

✓**COMMUNITY SERVICE (ASU) COMPLETION DATE:** 24 HRS 3/8/05
Call (970) 498-5280 for more information. ☐ Through Midweeks/Weekenders

☐ Deferred Sentence must appear in Court on _____or file an affidavit with the Court one month prior to this date.

Probation Termination Date: 11/08/05. I understand and agree to complete the above programs and pay all program fees and Court costs (Court Collections: 498-6139) by the deadlines specified above. I understand that failure to do so will result in further Court action such as a revocation of probation or a bench warrant being issued for my arrest.

Defendant 11-17-04 Date

Probation Officer/Evaluator Margo Jackson 11-17-04 Date

MADD Activism | Victim Services | Education
6990 W. 38th Avenue, Suite 201 • Wheatridge, CO 80033

Denver Metro Chapter

DRUNK DRIVING IMPACT PANEL

(Victim Impact Panel)

Verifies that

LEITNER	LYNDON	
DEFENDANT'S LAST NAME (Print Firmly)	FIRST NAME	MIDDLE

[redacted]	08	F04T4017	
MONTH DAY YEAR DATE OF BIRTH	JUD. DIST.	CASE NUMBER	DIVISION

Completed the MADD Drunk Driving Impact Panel on: 12/9/04 Pd $25
(DATE)

COMPLIED
Do not write here
MADD DENVER METRO CHAPTER
Not valid without stamp.

Tel. (303) 425-5905

IMPORTANT INFORMATION: • Bring all 3 copies of this form with you. • Call the panel schedule line at **303-425-5905 X1** to find a panel date, location time. • There is a **$25.00 fee** payable upon attendance (**Cash or Money Orde only** NO CHECKS). • **Picture ID is REQUIRED**. • There is absolutely **NO la admittance.** • **Alcohol or illegal drug use is prohibited** (if use of either is suspected you will not be allowed to attend and the courts will be notified). No smoking is allowed on the property. No young children allowed at the pane

PREVIOUSLY DEC 13 2004

***Defendant is responsible for returning yellow copy to his or her probation department, evaluator, UPS counselor or court.**

MADD - White Copy **Courts** - Yellow Copy
Defendant - Pink Copy

REFERRED BY: MARGO SCHAPPA

Agent: 14353

(Original)
CO. 05010

SR-22 **AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM**

Insured: Name: LEITNER (Last) LYNDON (First) R (Middle)

Address: [redacted] E 127TH AVE THORNTON, CO 80241

Case Number	Driver's License Number	Birth Date	Social Security Number
DUI	[redacted]	[redacted]	

Current Policy Number CA6689583 Effective From 12-01-2004

This certification is effective from 12-01-2004 and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State.

The insurance hereby certified is provided by an:

[X] **OWNER'S POLICY:** Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

Model Year	Trade Name	Identification Number	
2004	CHEVY TAHOE	[redacted]	

[X] **OPERATOR'S POLICY:** Applicable to any non-owned vehicle.

COLORADO (State) **FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE**

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company COUNTRY Casualty Insurance Company

Date 12-14-2004 By _____ Signature of Authorized Representative

IRB 3541B

R1302a (Ed. 10-91)

(Copy)
CO. 05010

SR-22 **AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM**

Insured: Name: LEITNER (Last) LYNDON (First) R (Middle)

Address: [redacted] E 127TH AVE THORNTON, CO 80241

Case Number	Driver's License Number	Birth Date	Social Security Number
DUI	[redacted]	[redacted]	

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Model Year	Trade Name	Identification Number	
2004	CHEVY TAHOE	1GNEK3Z24R204145	

[X] **OPERATOR'S POLICY:** Applicable to any non-owned vehicle.

COLORADO (State) **FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE**

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Name of Insurance Company COUNTRY Casualty Insurance Company

Date 12-14-2004 By _____ Signature of Authorized Representative

IRB 3541B

R1302a (Ed. 10-91)

SENTENCED (USED BY ASU ONLY!) 1: LEITHER,LYNDON R

Involvement	Invl No	Type
SENTENCED (USED BY ASU ONLY!)	1	*INDIVIDUAL

Name	MNI	Race	Sex	DOB	Age
LEITHER,LYNDON R	984270	WHITE	MALE	[redacted]	28

Ethnicity	Juvenile?	Height	Weight	Hair Color	Eye Color
NOT OF HISPANIC ORIGIN	No	6'02"	220#	BLOND OR STRAWBERRY	BLUE

Type	Address	City	State
HOME	[redacted]E 127TH AVE	THORNTON	COLORADO

ZIP Code: 80241

Type	ID No	St
OPERATOR LICENSE OR ID NUMBER	[redacted]	COLORADO

Phone Type	Phone No
HOME	[redacted]

Alias Name	Race	Sex	DOB	Height	Weight
LEILNER,LYNDON	WHITE	MALE	[redacted]	6'02"	220#

Hair Color	Eye Color
BLOND OR STRAWBERRY	BLUE

Alias Name	Race	Sex	DOB
LEITHER,LYN	WHITE	MALE	[redacted]

Alias Name	Race	Sex	DOB	Height	Weight
LEITNER,LYNDON	WHITE	MALE	[redacted]	6'02"	220#

Hair Color	Eye Color
BLOND OR STRAWBERRY	BLUE

Employer/School	Position/Grade
KMART	PHARMACY D

Location	City	State	Phone Type
1400 E 104TH AVE	THORNTON	COLORADO	BUSINESS

Phone No: (303)252-9150

Involvement	Arrest Type	Arrest Date	Arrest Time
SENTENCED (USED BY ASU ONLY!)	ON VIEW ARREST (NIBRS)	11/08/2004	08:00:00

Booking No	Book Date	Book Time	Status
04-4186	11/08/2004	08:00:00	BOOKED

Arrest Location	City	Place of Birth
LCDC-ASU	FORT COLLINS	KANSAS

City of Birth	Armed
OBERLIN	UNARMED

Charge	Level	Charge Literal
42-04-1301	M0	DUI OF OR DWAI BY AL

Warrant No	Warrant ORI
C0352004T 104017	CO0350000

Narrative

DOCKET # C0352004T 104017
SENTENCE DATE: 110804
24 HRS TO BE COMPLETED WITHIN: 120 DAYS
ORIGINAL DEADLINE: 030805
EXTENDED DEADLINE:
SUPERVISED BY: ADDS FOR A PERIOD OF: 12 MONTHS
ADDITIONAL SENTENCE INFORMATION:
PROBATION OFFICER: MJS

NARRATIVE:

110804 /L04021/ PAID $80 #257313
110804 /L03052/ INTERVIEW COMPLETE. ICR TO ADAMS COUNTY. ICR FAXED. #902
110804/L98044/ MAILED ORIGINAL ICR TO ADAMS COUNTY
020105/ L01040/ WARNING LETTER SENT
022405/ L01040/ WARNING LETTER SENT
030305/ L96061/ ICR BACK FROM ADAMS COUNTY - ADAMS VERIFIED (24/24) COMMUNITY SERVICE HOURS COMPLETED ON 030105 - CLOSED SUCCESSFULLY #902

STATE OF COLORADO
MOTOR VEHICLE RECORD

NAME : LYNDON R LEITNER
ADDRESS: [redacted] E 127TH AVE
THORNTON CO 80241
PREVIOUS NAME :
COLORADO PIN : [redacted]
DOCUMENT TYPE : ADULT REGULAR PROBATIONARY LICENSE
DOCUMENT NUMBER: 01-214-0341
HEIGHT: 6 02 WEIGHT: 220
HAIR : BLONDE EYES : BLUE
DONOR : Y SEX : MALE
ENDORSEMENTS: **NONE**
RESTRICTIONS: CORRECTIVE LENSES
PREVIOUS STATE AND LICENSE : NE H12093931
REGULAR LICENSE STATUS : PROBATIONARY LICENSE ISSUED
COMMERCIAL LICENSE STATUS : NOT APPLICABLE MVR FEE: 2.20

DATE: 05/16/05
TIME: 11:52:51
PAGE: 01

CDL CLASS :
ISSUE DATE: 12/17/2004
EXPIRATION: 05/16/2005
BIRTH-DATE: [redacted]

----------RECORD----------

001 PROBATIONRY EFFECTIVE: 11/17/2004 EXPIRATION: 05/16/2005 CASE: 04-319851
RESTRICTNS TO/FROM WORK ON THE JOB ALCOHOL COURSE OTHER

002 DOCUMENT NUMBER: 012140341 TYPE: ADULT ID CARD
ISSUE: 09/28/2004 EXPIRATION: 04/23/2014
STATUS: LICENSE RETURNED TO DEPARTMENT

003 DOCUMENT NUMBER: 012140341 TYPE: DUPLICATE REGULAR ADULT LICENSE
ISSUE: 09/13/2004 EXPIRATION: 04/23/2011
STATUS: 60 DAY EC/PS TEMPORARY ISSUED

004 DOCUMENT NUMBER: 012140341 TYPE: ADULT REGULAR LICENSE
ISSUE: 08/23/2001 EXPIRATION: 04/23/2011
STATUS: REPLACED

005 DOCUMENT NUMBER: 012140341 TYPE: ADULT REGULAR LICENSE
ISSUE: 08/02/2001 EXPIRATION: 04/23/2011
STATUS: RENEWED

006 DOCUMENT NUMBER: 012140341 TYPE: ADULT REGULAR 60 DAY EC/PS TEMP LICENS
ISSUE: 09/28/2004 EXPIRATION: 11/27/2004
STATUS: NOT VALID

007 CITATION VIOLATION DT: 08/22/2004 CONVICTION DT: 11/08/2004 POINTS: 08
CITATION NO: 2162589 COURT: LARIMER CO F
ACCIDENT: NO ISSUING AGY: CSP/LARIMER 3C
DESCRIPTION: DRIVING IMPAIRED BY ALCOHOL

008 DEPARTMENT ACTION EFFECTIVE: 11/17/2004 ACTION: SUSPENDED
CASE NO: 04-319851 REASON: SUSPEND PER SE REVOCATION
ELIGIBLE FOR REINSTATE: 05/16/2005 REINSTATED: 05/16/2005

**** MORE PAGES TO FOLLOW ****

$60.00
CM pd
SR22
11/12/05

STATE OF COLORADO
MOTOR VEHICLE RECORD

NAME : LYNDON R LEITNER
ADDRESS: [redacted] E 127TH AVE
THORNTON CO 80241

DATE: 05/16/05
TIME: 11:52:51
PAGE: 02

----------RECORD----------

009 ECS ARREST ARREST-DT: 08/22/2004 NOTICE NO: 1516714 TEST: FAILED BAC
ARRESTING AGENCY: CSP/LARIMER 3C
HEARING REQUESTED: 09/28/2004

010 CITATION VIOLATION DT: 05/15/2003 CONVICTION DT: 06/20/2003 POINTS: 02
CITATION NO: A744946 COURT: DENVER CO
ACCIDENT: NO ISSUING AGY: DENVER PD
DESCRIPTION: DEFECTIVE OR UNSAFE VEHICLE

**** END OF MOTOR VEHICLE RECORD ****
"ACCIDENT" REFLECTS INVOLVEMENT ONLY AND DOES NOT IMPLY FAULT
****

AS OF THE PRINTED DATE OF THIS MOTOR VEHICLE RECORD, THIS REPORT SERVES AS A CLEARANCE LETTER. THE ABOVE NAMED PERSON IS ELIGIBLE TO APPLY FOR A DRIVER LICENSE IN THE STATE OF COLORADO OR ANY OTHER JURISDICTION.

****

ANY UNPAID TICKETS MUST BE PAID TO THE COURT SHOWN EXCEPT UNPAID PENALTY ASSESSMENT WHICH MUST BE PAID TO THE DEPARTMENT OF REVENUE AT:
1881 PIERCE ST. LAKEWOOD, CO.

D E P A R T M E N T O F R E V E N U E 12/17/2004

HEARING SECTION

PDL RESTRICTIONS

VALID WITHOUT PICTURE LICENSE UNTIL 12/27/2004

NAME: LEITNER,LYNDON,R, DOB: [redacted]

CASE NUMBER: 04319851 LICENSE NUMBER: [redacted]

TO AND FROM WORK: X
ON THE JOB: X

-- KMART PHARMACY:REGIONAL MANAGER SUPERVISING CO/WY/NM/NE
-- 5A TO 10P

SCHOOL: --

DOCTOR: --

ALCOHOL: -- ACACIA COUNSELING, 12061 PENNSYLVANIA, THORNTON.

DAY-CARE: --

OTHER: -- DRIVING ELSEWHERE,ANY TRAFFIC VIOLATION OR ALCOHOL USE VOIDS
-- SKYVIEW ELEMENTARY SCHOOL, 5021 E. 123RD. AVE., THORNTON.
--
--

RESPONDENT SIGNATURE

Ross James
by Greg Mahoney
HEARING OFFICER SIGNATURE

UNAUTHORIZED MODIFICATION OF THIS DOCUMENT IS A VIOLATION OF CRS 42-2-136.
TO VERIFY THE TERMS OF THIS DOCUMENT, PLEASE CONTACT DMV OR DMW.

IN THE MATTER OF THE PRIVILEGE
OF OPERATING A MOTOR VEHICLE
IN THE STATE OF COLORADO OF

LYNDON R LEITNER
[redacted] E 12TH AVE
THORNTON CO 80241

CASE NUMBER: 04319851
DRIVER'S LICENSE: [redacted]
DATE OF BIRTH: [redacted]
MICROFILM : 04348603125

ORDER OF SUSPENSION

PROBATIONARY DRIVER'S LICENSE AUTHORIZATION AND ISSUANCE

IN ACCORDANCE WITH THE FINDINGS OF THE HEARING OFFICER AND THE REQUIREMENTS OF 42-2-126(6)(B)(IX)(A.5)CRS, YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN THIS STATE IS HEREBY SUSPENDED.

THIS SUSPENSION IS IN EFFECT UNTIL 16 MAY 2005. THIS PERIOD OF RESTRAINT SHALL NOT BE LESSENED FOR ANY REASON. THIS SUSPENSION SHALL CONTINUE IN EFFECT UNTIL YOU COMPLETE THE REINSTATEMENT PROCESS. REINSTATEMENT REQUIRES THAT YOU COMPLY WITH THE PROVISIONS OF 42-2-132 CRS, FILE REQUIRED INSURANCE DOCUMENTATION AND PAY A REINSTATEMENT FEE TO THE DEPARTMENT OF REVENUE, MOTOR VEHICLE DIVISION. THERE MAY BE OTHER REINSTATEMENT REQUIREMENTS DEPENDING ON YOUR CASE.

THE AUTHORIZATION FOR PROBATIONARY LICENSE ACCOMPANYING THIS ORDER SETS FORTH THE DRIVING RESTRICTIONS IMPOSED BY THE HEARING OFFICER AT YOUR HEARING. READ THEM CAREFULLY AND MAKE SURE YOU UNDERSTAND THEM. YOU MAY NOT DRIVE OUTSIDE THESE RESTRICTIONS, AND YOU MUST CARRY THE AUTHORIZATION AND THE PROBATIONARY LICENSE WITH YOU WHENEVER YOU DRIVE.

THE PROBATIONARY LICENSE EXPIRES ON THE DATE YOU ARE CURRENTLY ELIGIBLE TO REINSTATE. DRIVING BEYOND THAT DATE WITHOUT HAVING COMPLETED THE REINSTATEMENT PROCESS IS DRIVING UNDER RESTRAINT AND CAN RESULT IN A ONE-YEAR EXTENSION OF THE RESTRAINT, FINES AND A MANDATORY JAIL SENTENCE.

EFFECTIVE THIS 17 DAY OF December 2004.

I ACKNOWLEDGE RECEIPT:

Lyndon Leitner
RESPONDENT

DATE: 12/17/04

Ross James
by Greg Mahoney
HEARING OFFICER

14

ALCOHOL AND DRUG DRIVING SAFETY PROGRAM

Release of Information

I, LYNDON LEITNER (Name of Client) authorize the 08 Judicial District's Alcohol and Drug Driving Safety Program (ADDS) and ACACIA COUNSELING (Name of Education/Treatment Program) to exchange oral and written diagnostic, referral and education/treatment information about me.

Specific information to be released:

- [X] Name
- [X] Diagnostic Information
- [X] Referral Information
- [X] Attendance Data
- [X] Clinical Progress Data
- [X] Education/Termination Data
- [ ] Medical History / Exam Data
- [ ] Urine Screening Results
- [ ] Other (Specify)_____

The authorization for this Release of Information pertains to criminal justice purposes.

The specific charge(s) is/are: DWAI

The Alcohol and Drug Evaluation Specialist(s) (ADES) sending and/or receiving the information is/are:

1. MARGO SCHAPINSKI 2._____

This authorization remains in effect and may not be revoked until court requirements in connection with the above specified charge(s) have been fulfilled.

Signature of Defendant _____ Date 11-17-04

Signature of Guardian _____ Date _____

Signature of Witness Margo Schapinski Date 11-17-04

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ACACIA COUNSELING, INC.

1600 Downing Street #300	11811 Upham Street, Suite A	12061 Pennsylvania St. Suite A-103
Denver, CO 80218	Broomfield, CO 80020	Thornton, CO 80241
(303) 861-9378	(303) 438-9730	(303) 254-9333
Fax: (303) 839-8306	Fax: (303) 438-9724	Fax: (303) 450-7333

INFORMATION SUMMARY

(Take this sheet with you)

1. You will start your first session on _____ at _____

2. If you will be attending both Education and Therapy with us, you must schedule your therapy prior to the end of your education classes. Talk to a staff person regarding your options for a group therapy day and time.

3. We have reserved space for you and expect you to attend your assigned sessions each and every week. You may be charged $10.00 for missed sessions, and you will also need to "make up" missed sessions.

4. We realize that, over the course of time, you may miss for a number of reasons throughout your treatment program. However, doing this will only extend your program that much longer as you must "make up" any missed sessions.

5. If you miss two weeks in a row you will receive a warning letter. If you miss a third week you will be staffed for "NON-COMPLIANT" discharge. If this happens, you may be required to re-appear in court. If you are discharged, we may, at our discretion, re-admit you. However, we will then require that you pay a **$25.00 "re-admit" fee** and you will also be required to pay any unpaid fee balance.

6. When you come to our office for a session, please be sure to "sign in" at the reception desk, pay all your fees, obtain a computerized statement indicating your "status", and attend your session. We fully expect that you will take an active part in your program by participating in sessions and inform us of any changes (address, medications you are taking, court requirements, changes in living situation, etc.) affecting you.

7. Estimated program costs are as follows:
   a) Level I Education, estimated cost is $100.00.
   b) Level II Education ONLY, estimated cost is $312.00.
   c) Level II Education and 42-86 hours of Level II Therapy, estimated cost is between $849.00 and $1,399.00.
   d) Anger Management 48 hours, estimated cost is $600.00
   e) Adult Responsibility Counseling 8 to 24 sessions, estimated cost is between $200.00 and $600.00
   f) Domestic Violence Treatment 54 hours, estimated cost is $900.00..

   NOTE: What may also effect your program cost, is missed sessions ($10.00 per missed session), UA's ($15.00 per specimen), and Breathalyser tests ($3.00 each).

8. If you are required to do Random UA's or BA's you must call the UA Hot Line at (303) 675-8022 every business day to determine whether or not you must come into our office to provide a urine specimen or take a breathalyser test. Failure to do so may result in your being terminated from the program as "NON-COMPLIANT".

9. If you are required to do "Antabuse", you must obtain your prescription from a Physician, fill your Physician's prescription from a licensed pharmacy, and begin monitored Antabuse within two weeks of starting this program. Failure to do so or failure to take your Antabuse as required by your Physician may result in your being terminated from the program as "NON-COMPLIANT".

10. Please communicate with us, we are here to help you.

Acacia Counseling, Inc.

1600 Downing St., #300; Denver, CO 80218; (303) 861-9378; FAX (303) 839-8306
12061 Pennsylvania Suite A103; Thornton, CO 80241; (303) 254-9333; FAX (303) 450-7333
11811 Upham St. Suite A; Broomfield, CO 80020; (303) 438-9730; FAX (303) 438-9724

N2245 **Today's Date:** *14-Jan-05* **Admission Date:** 1/3/2005 **Re-Admission Date:**
Discharge Date: **Discharge Code:** 0 ***Compliant***

Confidential for:
Leitner, Lyndon
[redacted]E 127th ave
Thornton CO 80241

Date of Birth: [redacted]
Social Security Number:
Phone Number: [redacted]
Case Number: 04T104017

Judicial District: 08
Probation Officer:
Group Fee: $100.00
Assigned Group: Level I
Counselor:

Color Code:
Antabuse Required No
RBAs Required No
RUAs Required No
DMV ☐ **ICON** ☐

Probation End Date
Education Comp/Req
Hours: 6 / 12
Therapy Comp/Req
Hours: 0.0 / 0.0

Balance due: $0.00

Date	Activity	Education Hours	Therapy Hours	Fees	Paid	Notes
1/14/2005	ED 1	4.00	0.00		$0.00	
1/3/2005	ED 1	2.00	0.00	$100.00	$100.00	Client began LV I ED
Totals		**6.00**	**0.00**	**$100.00**	**$100.00**	

Bob Schneider MA LAC LPC

Bob Schneider MA LAC LPC

Acacia Counseling, Inc.

1600 Downing St., #300; Denver, CO 80218; (303) 861-9378; FAX (303) 839-8306
12061 Pennsylvania Suite A103; Thornton, CO 80241; (303) 254-9333; FAX (303) 450-7333
11811 Upham St. Suite A; Broomfield, CO 80020; (303) 438-9730; FAX (303) 438-9724

N2245 **Today's Date:** *15-Jan-05* **Admission Date:** 1/3/2005 **Re-Admission Date:**
Discharge Date: **Discharge Code:** 1 ***Compliant***

Confidential for:
Leitner, Lyndon
[redacted] E 127th ave
Thornton CO 80241

Date of Birth: [redacted]
Social Security Number:
Phone Number: [redacted]
Case Number: 04T104017

Judicial District: 08
Probation Officer:

Probation End Date

Group Fee: $100.00
Assigned Group: Level I
Counselor:

Color Code:
Antabuse Required No
RBAs Required No
RUAs Required No
DMV ☐ **ICON** ☐

Education Comp/Req
Hours: 12 / 12
Therapy Comp/Req
Hours: 0.0 / 0.0

Balance due: $0.00

Date	Activity	Education Hours	Therapy Hours	Fees	Paid	Notes
1/15/2005	ED 1	6.00	0.00	$0.00	$0.00	Client Completed LV I ED-Compliant.
1/14/2005	ED 1	4.00	0.00		$0.00	
1/3/2005	ED 1	2.00	0.00	$100.00	$100.00	Client began LV I ED
Totals		**12.00**	**0.00**	**$100.00**	**$100.00**	

Bob Schneider MA LAC LPC

Bob Schneider MA LAC LPC

DRS

adad

Alcohol and Drug Abuse Division

Date/Time Printed 1/15/2005 at 1:09:50PM

Discharge Referral Summary for DUI/DWAI Clients

1. Center #: **0729**
2. License #: [redacted]
3. Case #: **04T104017**
4. District: **08**
5. Name: (Last) **Leitner**
   (First) **Lyndon** (MI)
6. DOB: [redacted]
7. This Client participated in:

x	Level I education	12	hours over	2	weeks
	Level II education	0	hours over	0	weeks
	Level II non-intensive outpatient	0	hours over	0	weeks
	Level II intensive outpatient	0	hours over	0	weeks
	Level II day treatment	0	hours over	0	weeks
	Level II halfway house	0	hours over	0	weeks
	Level II transitional residential tx	0	hours over	0	weeks
	Level II intensive residential tx	0	hours over	0	weeks
	Level II hospital based tx	0	hours over	0	weeks
	Level II therapeutic community	0	hours over	0	weeks

8. Adiuncts:

9. Treatment Track:

10. Client Status at Discharge:

Yes Completed education / treatment

Transferred to Treatment Center #: because

Other:

Did not complete education / treatment because

11. Test Scores:

AD Part 1	**16**	DIS Part 1	**18**
AD Part 2	**745**	DIS Part 2	**707**

12. Education / Treatment: Admission date: **01/03/2005** Discharge date: **01/15/2005**

ACACIA COUNSELING, INC.
12061 PENNSYLVANIA ST., A103
THORNTON, CO 80241

DRS

adad

Alcohol and Drug Abuse Division

Date/Time Printed 1/15/2005 at 1:09:50PM

Discharge Referral Summary for DUI/DWAI Clients

1. Center #: 0729
2. License #: [redacted]
3. Case #: 04T104017
4. District: 08
5. Name: (Last) Leitner
   (First) Lyndon (MI)
6. DOB: [redacted]
7. This Client participated in:

x	Level I education	12	hours over	2	weeks
	Level II education	0	hours over	0	weeks
	Level II non-intensive outpatient	0	hours over	0	weeks
	Level II intensive outpatient	0	hours over	0	weeks
	Level II day treatment	0	hours over	0	weeks
	Level II halfway house	0	hours over	0	weeks
	Level II transitional residential tx	0	hours over	0	weeks
	Level II intensive residential tx	0	hours over	0	weeks
	Level II hospital based tx	0	hours over	0	weeks
	Level II therapeutic community	0	hours over	0	weeks

8. Adiuncts:

[redacted]

9. Treatment Track:

10. Client Status at Discharge:

Yes Completed education / treatment

Transferred to Treatment Center #: because

Other:

Did not complete education / treatment because

11. Test Scores: AD Part 1 16 DIS Part 1 18
    AD Part 2 745 DIS Part 2 707

12. Education / Treatment: Admission date: 01/03/2005 Discharge date: 01/15/2005

ACADIA COUNSELING, INC.
[illegible] PENNSYLVANIA ST., Ste 3
[illegible] 80241

NTERVENTION Community Service Program
108 W. Walnut St.
Brighton Co, 80601
(303)654-0555 Fax (303)659-9212

REFERRAL/REPORTING FORM

Name: **LYNDON LEITHER**
Client phone:
UPS hours to complete: **24**

To: **SKYVIEW ELEMENTARY** 720-972-5620
ATTN: **MATT LASATER (CUST)**
5021 EAST 123RD
THORNTON CO 80241

Case Number: **04T10401** *Division:* **LARIMER**
Date to complete by: **3/1/05**
Date of referral: **11/2/04**
Caseworker: **DIA**
Sentencing/Prob.Date: **3/8/05**
Agency Phone #: **(720) 972-8210**
Date to contact by:
Juvenile: *Adult:*
Skills:
Limitations:

This is to verify that: **LYNDON LEITHER** *Has conpleted his/her useful Public Service as follows:*

Date:	Hours worked:		Date:	Hours worked:
2-15-05	5.5			
2-16-05	5 5	11		
2-18-05	4.5	15.5		
2-22-05	4.5	20		
2-25-05	4.0	24		
	24			

IMPORTANT!
NOT FOR COURT USE
REPORT HOURS TO
(303) 654-0555

Agency Supervisor Signature

Client Signature

AGENCY COPY - **KEEP FOR YOUR FILE**

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Lyndon R Leitner	Lincoln, NE 68526

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PHA.0016068	Examination	Pharmacist	Active	06/01/2001	11/01/2021	10/31/2023

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2010-3366	CLS Letter of Admonition	Letter of Admonition	07/16/2010	

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System (http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource

Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=174980&docGuid=6DB17185-E1E0-4B7C-8CA0-8C4E117A095A)	174980	BOARD/PROGRAM ACTION DOCUMENTS	IMAGE
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=423553&docGuid=4CE7AE2D-97E1-40CD-92D2-DF07F9D81170)	423553	HPPP-OS PUBLIC DISCIPLINARY ACTION	IMAGE

Generated on: 1/18/2022 4:20:51 PM

8D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Thomas Middle: Roy Last: Muthart

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]E Grand Canyon Dr

City: Chandler State: AZ Zip: 85249

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: I work at a facility that processes RXs that are shipped to patients in Nevada

Section 2: Employment Information

Pharmacy Name: Walgreens.com Pharmacy NV Pharmacy License # (if applicable): PH03682

Address: 2225 S Price Rd

City: Chandler State: AZ Zip: 85286

Telephone: 877-250-5823 Email:

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Arizona Date of issuance: 08/06/2012

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Original Signature, no copies or stamps accepted

01/17/2022
Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: THOMAS Middle: ROY Last: MUTHART

Mailing Address: [redacted] E. GRAND CANYON DR.

City: CHANDLER State: AZ Zip Code: 85249

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: TUCSON, MARICOPA COUNTY, AZ

SS# or ITIN: [redacted] Sex: X M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam: State:

AZ Date of Issuance: 8/6/2012

College of Pharmacy Information

Graduation Date: 05/12/12 (mm/dd/yy)

Degree Received: X PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: APPALACHIAN COLLEGE OF PHARMACY

Location of School: OAKWOOD, VA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 CC Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
AZ	5019330	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? *Yes* ☐ *No* ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	X	
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & ***provide an explanation & documentation***:

Board Administrative Action:	State	Date:	Case #:
CONSENT AGREEMENT	AZ	2/12/2018	17-0080

Criminal Action:	State	Date:	Case #:	County	Court
ARRESTED NOT CHARGED	AZ	7/21/2017	2017-0001976	PINAL	N/A

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes (No)
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

1/17/22
Date

February 9, 2022

President Park
Executive Secretary Wuest
Nevada State Board of Pharmacy

Re: Reciprocal Pharmacist License Application for Thomas Muthart

I would like to supplement my application for a temporary and reciprocal Nevada pharmacist license with additional relevant information you will undoubtedly require. I am currently the holder of Arizona pharmacist license number S019330, which is on probationary status with an active consent agreement. The consent agreement and disciplinary action stem from diversion and substance use disorder originating July 2017. I was arrested in Pinal County; Arizona by the Casa Grande police department (case 2017-00011976) for diversion of acetaminophen with codeine. Charges were not pursued. I promptly reported this to the Arizona Board of Pharmacy and subsequently signed a consent agreement which, among other things, required a 6-month suspension with an additional 54-month probation period for a total of 5 years. I also signed a contract with the Professionals Assisting Professionals – Arizona (PAPA) program overseen by the Arizona Pharmacy Foundation and Arizona Pharmacists Association, a program dedicated to recovery from substance abuse disorders for healthcare professionals in Arizona. In addition to the suspension and probation of my license, I, since February 2018 or earlier:

- Self-sought counseling with an addictionologist prior to the AZ Board's action
- Completed a 25-day inpatient rehabilitation program
- Attend a minimum of three 12-step program meetings every week (Alcoholics Anonymous and Narcotics Anonymous)
- Have had a sponsor for 4 years and have sponsored 3 people in recovery over the last 2 years
- Attend weekly peer support meetings with pharmacists in the PAPA program and led by a licensed addictionologist
- Have passed random drug and alcohol tests administered, on average, every 8 days
- Meet with the PAPA steering committee to assess my progress on a semi-annual basis
- Am in the process of completing 400 hours of community service
- Have abstained from all mind-altering chemicals, including alcohol and prescription drugs
- Have been employed with Walgreens.com pharmacy (NV license PH03682) since November 2018 and have been an exemplary employee, earning either "Exceeding Expectations" or "Outstanding" in each annual performance review

I have included a copy of my consent agreement, a copy of the AZ board order lifting my suspension and imposing probation, and a copy of my contract with PAPA.

Thank you for reviewing my application. I will be happy to provide you with any additional information, clarification, or other supporting documentation.

Sincerely,

Thomas Muthart, PharmD

[redacted]E Grand Canyon Dr
Chandler AZ 85249
[redacted]

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
1275 W. Washington, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2017 FE 12 12:24

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **THOMAS MUTHART,** Holder of License No. S019330 As a Pharmacist In the State of Arizona.	Board Case No. 17-0080 **CONSENT AGREEMENT AND ORDER FOR SUSPENSION AND PROBATION**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Thomas Muthart ("Respondent"), holder of Pharmacy Intern License No. S019330 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0080 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke his acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 2/9/18

Thomas Muthart
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S019330 which allows him to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist at Wal-Mart Pharmacy #10-1218 located at 1741 East Florence Blvd., Case Grande, Arizona.

5. On or about August 7, 2017, the Board received information from Wal-Mart (#10-1218) that Respondent was terminated on July 21, 2017, for gross/misconduct/Integrity as he admitted to theft of controlled substances (APAP/codeine).

6. On July 17, 2017, a Wal-Mart Asset Protection Manager ("APM") was contacted and asked to investigate a potential diversion at store #10-1218 in Casa Grande. Ms. Melissa Adams, Asset Protection Manager for Wal-Mart 2922 investigated the matter. In reviewing surveillance video, the investigator saw Respondent selecting a bottle of acetaminophen with codeine off the shelf, take it to the prescription filling station, empty the bottle into the pill counting tray, then put his hand over the pill pile, grabbing some into the palm of his hand, put the remaining pills back into the bottle,

place the bottle back on the shelf, and then walk over to the pharmacist counter where he put the pills in his pocket. Respondent would then make an On Hand Adjustment in the computer system. According to the investigator, Respondent engaged in this conduct on multiple occasions, including 5/24/2017, 5/29/2017, 6/9/2017, 6/14/2017, 6/28/2017, 7/5/2017, 7/6/2017, and 7/13/2017, each time doing an On Hand adjustment the same day he diverted the drugs or the next day he worked.

7. On or about 7/21/2017, Respondent was interviewed by various members of Asset Protection and during the interview, he admitted to diverting the acetaminophen with codeine from the pharmacy for his personal use. He admitted that he had been diverting the drugs for approximately six (6) months.

8. Respondent was arrested by the Casa Grande Police Department (Case no. 2017-00011976).

9. On or about September 27, 2017, Wal-Mart Pharmacy 10-1218 in Case Grande filed a DEA form 106 and reported losses due to "Employee Pilferage" and some of those losses included Acetaminophen-Cod #3 tablet; 300 mg-30MG/557 each and Acetaminophen-Cod #4 tablet; 300MG-60MG/1,285 each.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(8), (11) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S019330, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a minimum period of six (6) months beginning the effective date of this Consent Agreement. The effective date of the Consent Agreement and Order is the date it is signed by the Board's Executive Director.

Prior to the suspension being lifted, Respondent must request in writing to the Board that the suspension be lifted. Respondent must also appear in person before the Board at the meeting at which his request will be considered. Only when the suspension is lifted, does the probationary period begin as outlined below.

After the suspension is lifted, Respondent's license shall be placed on **PROBATION** for a minimum period of four (4) years and six (6) months from the final date of suspension.

The SUSPENSION and PROBATION are subject to the following conditions:

1. Respondent shall return his pharmacy intern license to the Board for the period of suspension.

2. Respondent shall enter into a contract with Pharmacists Assisting Pharmacists of Arizona ("PAPA") on or before the effective date of this Consent Agreement. Respondent's PAPA contract shall extend for the entire term of his suspension and probation under this Consent Agreement. Respondent shall abide by each and every requirement of the PAPA contract. Failure to participate in the PAPA program, complete the PAPA program or to abide by the PAPA contract's terms is a violation of this Order.

3. Within five (5) years from the execution date of this Consent Agreement, Respondent shall complete 400 hours of community service approved by Board staff. Respondent shall ensure that all entities to which he provides community service verify

in writing to the Board the number of hours completed within 30 days of Respondent completing the community service.

4. Respondent shall pay all necessary fees and expenses relating to this probation and suspension, including all costs associated with PAPA.

5. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

6. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

7. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

8. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

9. Throughout the term of Respondent's suspension and probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

10. Respondent shall execute all appropriate release of information forms to permit the Respondent's treatment professionals and PAPA to communicate with the Board regarding Respondent's treatment.

11. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against

the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

12. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 12 day of February, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 12th day of February, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 12th day of February, 2018, to:

Thomas Muthart
1204 E. Grand Canyon Dr.
Chandler, AZ 85249

EXECUTED COPY OF THE FOREGOING MAILED
this 12th day of February, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6748175


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Adult Signature Required
Adult Signature Restricted Delivery
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Total P
Sent To
Street
City, St
Postmark Here
7015 1730 0000 4081 9817
Thomas Muthart
[redacted] E. Grand Canyon Dr.
Chandler, AZ 85249
PS Form 3800, April 2015
See Reverse for Instructions

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
2005 North Central Ave., SDG/LES
Phoenix, Arizona 85004
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **THOMAS MUTHART,** Holder of License No. S019330 As a Pharmacist In the State of Arizona.	Board Case No. 17-0080 **ORDER LIFTING SUSPENSION AND IMPOSING PROBATION**

Thomas Muthart, ("Respondent") holder of license No. S019330 as a Pharmacist in the State of Arizona, entered into a Consent Agreement and Order ("Consent Agreement") with the Arizona Board of Pharmacy ("Board") effective February 12, 2018. Pursuant to the terms of the Consent Agreement, *inter alia*, Respondent's license was suspended for a period of 6 months. Respondent is eligible to have the suspension of his license lifted on August 12, 2018. Respondent appeared at the Board's August 2, 2018, public meeting seeking the lifting of the suspension. Having considered the evidence before it, including Respondent's testimony and that of Ms. Deb Marcum, of PAPA,

IT IS HEREBY ORDERED lifting the suspension of license no. S019330 effective **August 12, 2018;**

IT IS FURTHER ORDERED that all other terms and conditions set forth in the Consent Agreement effective February 12, 2018, remain in full force and effect to the extent they do not conflict with this Order.

DATED this 12 day of August, 2018.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of August, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of August, 2018, to:

Thomas Muthart
1204 E. Grand Canyon Dr.
Chandler, AZ 85249

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of August, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
2005 North Central Ave., SGD/LES
Phoenix, Arizona 85004
Attorney for the Board

_____
Doc # 7220806

PAPA
Pharmacists Assisting Pharmacists of Arizona

PAPA PROGRAM CONTRACT

Name: THOMAS MUTHART

Address: [redacted] E. GRAND CANYON DR. CHANDLER AZ 85249

SSN#: [redacted] Birthdate: [redacted]

Email: [redacted] Mobile: [redacted]

I am a: X Pharmacist ——— Technician ——— Student Pharmacist

This Pharmacists Assisting Pharmacists of Arizona, hereby known as [PAPA], Program Contract is a binding legal document which sets forth the terms and conditions under which PAPA and THOMAS MUTHART (Named "Impaired Pharmacist") agree to work together to provide an individualized program of counseling, aid, and monitoring of the Impaired Pharmacist, Pharmacy Technician, or Pharmacy Student who is hereby known as [Participant]. All provisions apply except as specifically indicated. **DO NOT SIGN THIS CONTRACT UNLESS YOU HAVE READ AND UNDERSTAND IT.**

1. The term of this Contract shall be for a period of five (5) years beginning on the date that the Contract is signed. (This date may be extended due to a Board Consent Order)

2. I am solely responsible for paying all expenses connected with my treatment in the PAPA Program. I agree to pay these expenses and costs within ten (10) days of billing by PAPA unless other arrangements have been approved in advance.

3. I agree to the following terms concerning my treatment and aftercare: (indicate provisions that apply):

☐ To enter _____ hospital for detoxification.

☐ To enter _____ treatment center for inpatient treatment for a period of 30 days.

☐ To enter _____ Treatment Center for Intensive Outpatient Treatment until the completion of the treatment program.

☒ To participate in the aftercare Peer Group Counseling with a PAPA Clinical Director for the period of the duration of this contract. I agree to attend all Peer Group Counseling meetings, which are held once a week. **Participants may be excused only with prior approval/communication with PAPA and the PAPA Clinical Director**, and may miss a maximum of four (4) Peer Group Counseling meetings per year. After the fifth (5th) absence, the Arizona State Board of Pharmacy will be notified as set forth in paragraph 13, below.

☒ I will attend AA, CA or NA (Self-Help Groups) a minimum of three (3) meetings per week, in addition to any aftercare Peer Group Counseling requirements, and to supply monthly reports to PAPA with a list of meetings attended which have been signed by the secretary of the group. If the participant is not comfortable with AA, NA, PA or CA meetings, a written alternative may be submitted to PAPA for consideration.

☒ I agree to suspend my practice of pharmacy until my readiness to practice pharmacy is evaluated by the PAPA Clinical Director at my initial evaluation.

☒ I agree to the following special terms as they apply to my individual problem:

❑ **90 Self-Help group meeting in 90 days**

☒ Other: Follow recommendations of PAPA's Clinical Director, Dr. Pickens

x Smart Recovery, if available.

☒ **Volunteer Hours.** All Participants, Confidential and Non-Confidential, are required to do four hundred (400) hours of community service. Non-Confidential participants will abide by ASBP requirements. PAPA Reserves the right to approve or deny volunteer organizations for Confidential participants, maintain records for volunteer hours, which are to be submitted to the PAPA Administrative Manager. All volunteer hours must be completed prior to the end of this contract.

4. I agree to completely abstain from ingesting alcohol or any mood-altering drugs except on prescription from my family physician after consultation with PAPA.

5. I hereby authorize PAPA or its designees to conduct a minimum of **Forty-Eight (48)** witnessed random bodily fluid tests (blood, urine, saliva, etc.) and or nail and hair sample tests per year to monitor my alcohol and drug consumption. I further authorize PAPA to provide the results of any such tests to the Arizona Board of Pharmacy or its authorized agent or designee.

6. I agree to identify a primary care physician before leaving the hospital/treatment center. I also agree that in the event that I am given pain medication for chronic pain, I will have an evaluation done by PAPA's addictionologist at my expense and to comply with his recommendation.

7. If PAPA has a concern about my psychiatric or mental health, during the term of this contract, I agree to a reevaluation by a psychiatrist chosen by PAPA for a thorough

examination and recommendation for therapy.

8. I agree to have no more than one (1) individual counselor or therapist in addition to PAPA Clinical Director.

9. I agree to make a personal appearance before the PAPA Advisory Committee every six (6) months during the term of this contract.

10. I agree to notify the PAPA office of any change of my home address, home phone number, employer address, and work phone number. I agree to notify the PAPA office one (1) week in advance if any of these addresses or phone numbers change.

11. I further authorize PAPA to mail to my employer copies of the "Employer's Evaluation Form of PAPA Participant" once a month or as otherwise requested by my employer. (Copy attached.)

12. If I wish to terminate this contract or revoke the authority to report test results to the Board of Pharmacy or any PAPA agent, I will give twenty (20) days written notice to PAPA after which notice, PAPA will give one last notification to the Board of Pharmacy with the information set forth in the next paragraph 13.

13. **I UNDERSTAND AND AGREE THAT MY FAILURE TO COMPLY WITH ANY OF THE TERMS OR PROVISION OF THIS CONTRACT OR MY REVOCATION OF AUTHORITY OR TERMINATION OF THIS CONTRACT WILL RESULT IN HAVING THE ARIZONA STATE BOARD OF PHARMACY (NON-CONFIDENTAL PARTICIPANTS ONLY) NOTIFIED OF THE FOLLOWING INFORMATION:**

    1. A copy of this Impaired Pharmacist, Pharmacy Student, or Pharmacy Technician contract.

    2. A letter, which states that:

        A. You are an impaired pharmacist who has been enrolled in the Pharmacists Assisting Pharmacists of Arizona ("PAPA") program.

        B. You have failed to live up to the terms of your Contract with PAPA concerning treatment or aftercare.

        C. Any Biological Fluid and or Sample Collection (refer to 5.a) testing that indicates the presence of any mood altering substances, which includes, but not limited to illicit drugs and alcohol.

        D. Report containing information regarding your compliance with

attending 12 step-meetings, peer group sessions and PAPA Reviews.

E. You are no longer a member of the PAPA program.

I understand that I agree to completely abstain from ingesting any alcohol, mood-altering drugs, and substances, including those listed in the Talbots Medication Guide, except when approved by PCP, PAPA, and/or an addictionologist. In consideration for my being allowed to participate in the PAPA program, I hereby release and forever discharge PAPA, Arizona Pharmacy Association (AzPA), Arizona Pharmacy Foundation (APF), Pharmacy Network of Arizona (PNA). I also hereby release and forever discharge its associated Board of Directors, volunteers, employees, and its agents from any and all liability and for any claims for personal injuries or other damages which may arise from any of these services provided pursuant to this Contract. This release of all claims is intended to include the negligence or other fault of PAPA or related contracted entities, providers, and or volunteers and is intended to be binding upon myself, my heirs, personal representatives, my designees and me. As further consideration for my being allowed to participate in the PAPA program, I agree to indemnify and hold harmless PAPA, all related and or contracted entities, providers, Board of Directors of AzPA, APF and PNA. I also agree to indemnify and hold harmless, its employees and or its volunteers from and against any liability or claims, lawsuits or damages brought which relate in any way to this Contract or the relationships created by this Contract. This indemnity shall include any and all costs expended by PAPA including expert witness fees, travel, lodging and meals for witnesses, reasonable attorney's fees, statutorily allowed costs and any other sums actually expended by PAPA in defending claims brought by me or others.

I UNDERSTAND THAT I AM GIVING UP MY RIGHT TO MAKE CLAIMS OR FILE LAWSUITS AGAINST PAPA FOR INJURIES AND OTHER DAMAGES THAT MAY OCCUR WHILE I VOLUNTARILY PARTICIPATE IN THE PAPA PROGRAM.

Participant Signature — Date: 2/12/18

APPROVED:

PAPA Program Director and/or Administrative Manager — Date: 2/12/18

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Thomas Roy Muthart
License No :	S019330
Date Issued :	08/06/2012
Expiration Date :	10/31/2022
Status :	OPEN - PROBATION
Discipline :	Yes

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 02/15/2022

8E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

4

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Cody Middle: _____ Last: Walker

Mailing Address: [redacted] S. Highland Dr

City: Holladay State: Utah Zip Code: 84124

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Utah / USA

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State: _____

6450171-1701 Date of Issuance: 1/6/2012

College of Pharmacy Information

Graduation Date: 06/11/2011 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Daniel K. Inouye College of Pharmacy

Location of School: Hilo, Hawaii

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 CHECK # 1368 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?		X
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Stipulation & Order	UT	2/10/2020	2020-48

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No

State	License #	Expiration	Method	Year Issued	Type
Alabama	19174	12/31/22	Exam	2016	License
Arizona	S020557	10/31/23	Exam	2014	License
Idaho	P8045	03/31/22	Exam	2018	License
Maryland	23021	03/31/22	Exam	2014	License
Michigan	5302043343	04/13/23	Exam	2015	License
Mississippi	T-13772	12/31/22	Exam	2015	License
Oregon	RPh0014028	06/30/23	Exam	2014	License
Texas	60780	03/31/23	Exam	2017	License
Utah	64501711701	09/30/23	Exam	2012	License
Virginia	0202212624	12/31/22	Exam	2013	License
West Virginia	RP0009080	06/30/22	Exam	2015	License

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date 1/10/2022

In October 2019 HRx Pharmacy had a random inspection. Upon that inspection there were some corrections that the pharmacy needed to make.

The Corrective Action Plan is attached, HRx Pharmacy paid the $10,000 fine and corrected each and every item within days of the inspection.

I Cody Walker also met with the board of pharmacy on May 26th 2020 and explained our CAP and confirmed its implementation.

Hrx Pharmacy corrective action plans: 03/05/2020

a. The pharmacy did not possess a current list of licensed pharmacy employees. CORRECTED Electronic copy through prsrxnetwork

b. None of the phannacy staff wore nametags when the inspector presented at the pharmacy. When the inspector inquired where the nametags were, the staff put their nametags on. CORRECTED

c. The pharmacy sinks did not have running hot water. When turned on low, they only had luke-warm water. NEW WATER HEATER INSTALLED

d. A total of 54 compounded preparations were found in the pharmacy's stock that were either expired or had indeterminate expiration dates. DRUGS ARE NOW IDENTIFIED We are now conducting weekly checks of our compounded medications. Each preparation is identified with the batch record and grouped in a tote with each preparation labeled coinciding with the paired batch record.

e. The temperature log for the pharmacy refrigerator had not been kept for the several days prior to the inspection. CORRECTED An assigned technician reviews the temperature everyday and records that temperature into the log binder

f. The pharmacy is not attaching drug information sheets to every delivery and mailing of prescriptions. CORRECTED

g. The pharmacy is not sending out the required statement from Utah Administrative Code R156 17b-610(6)(b) with deliveries and on ~ailed prescriptions going outside of the pharmacy's area-code. ADDED A STAMP TO ALL RXS STATING THE CODE The stamp states "written information about this prescription has been provided to you, please read information before you take this medication. If any questions concerning this prescription a pharmacist is available during business hours to answer any questions"

h. The pharmacy's SOPs for mailing prescriptions could not be located during the inspection. UPDATED

i. The 2017 and 2018 annual controlled substance inventories could not be located during the inspection. CORRECTED Reconciled purchase history with dispensed history and updated 2017 and 2018 inventories

j. A review of the pharmacy's controlled substance invoices found multiple invoices that were not verified by being initialed and dated by responsible pharmacy personnel. CORRECTED

Respondent compounds simple and moderate items. During the non-sterile compounding inspection, the following violations were found:

a. The pharmacy is compounding essentially copies of commercially available products, such as fluorouracil and tretinoin, by compounding at the same strength as a commercially available products, and then adding a low percentage of a vitamin or supplement to the compound. NEED FURTHER CLARIFICATION Clarification was sought through the Pharmacy Practice Act Rule and compounding inspection form, unfortunately remains unclear where the reference exists

b. The pharmacy's non-sterile compounding SOPs do not fully address the facility, equipment, personnel, packaging, and storage.NEW SOP ADDRESSES THIS

c. The pharmacy did not possess any documents showing training by the compounding staff regarding the handling, storage, preparing, cleaning, and disposal of hazardous drugs. NEW SOP ADDRESSES THIS

d. The pharmacist who approves compounded preparations does not have any required training documented. CORRECTED

e. There was not any documented review of USP-795 by the compounding staff. CORRECTED

f. There was not any documented review of the pharmacy's non-sterile compounding SOPs. CORRECTED

g. The pharmacy did not possess any documentation of upkeep of its equipment used in compounding; such as the calibration of its scales or the certification of its hood. HENIGER AND UTAH SCALE CENTER TESTS HAVE BEEN SCHEDULED scheduled May 27th

h. The Master Formulation Records were missing the following: verifying calculations; packaging and storage requirements; quality control procedures, and expected results.CORRECTED

I. The Compounding Records were missing the following: name of the person who performed the quality control procedures; a duplicate label or copy of duplicate label; a description of the final preparation; results of the quality control procedures; documentation of any quality control issues; and any adverse reactions or preparation problems reported by the patient or caregiver. NEW SOP'S ADDRESS THIS AND

ITS BEEN CORRECTED

j. The pharmacy did not possess an ongoing quality control program for the equipment and facility.
CORRECTED, NEW SOP'S ADDRESS THIS

k. The pharmacy's batch labels were missing or inconsistent with having the lot number and BUD.
CORRECTED, NEW SOP'S ADDRESS THIS Procedures have been reviewed and are now consistent

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Utah Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 140872
Salt Lake City, UT 84114-6741
TEL: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **HRX PHARMACY, LLC** UTAH LICENSE #9871861-1703 and 8913 TO OPERATE AS A PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	)	**STIPULATION AND ORDER** CASE NO. DOPL 2020-46

HRX PHARMACY, LLC ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action. Cody Walker is the owner of Respondent pharmacy, and is authorized to act as agent for, and to enter into binding agreements on behalf of, Respondent pharmacy.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

RECEIVED
FEB 10 2020
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby waives all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

(1) On or about July 20, 2016, Respondent was first licensed to operate as a pharmacy and to dispense controlled substances in the State of Utah.

(2) A random inspection was conducted of Respondent pharmacy by a Division investigator on or about October 29, 2019.

(3) During the Class A inspection, the following violations were found:

a. The pharmacy did not possess a current list of licensed pharmacy employees.

b. None of the pharmacy staff wore nametags when the inspector presented at the pharmacy. When the inspector inquired where the nametags were, the staff put their nametags on.

c. The pharmacy sinks did not have running hot water. When turned on low, they only had luke-warm water.

d. A total of 54 compounded preparations were found in the pharmacy's stock that were either expired or had indeterminate expiration dates.

e. The temperature log for the pharmacy refrigerator had not been kept for the several days prior to the inspection.

f. The pharmacy is not attaching drug information sheets to every delivery and mailing of prescriptions.

g. The pharmacy is not sending out the required statement from Utah Administrative Code R156-17b-610(6)(b) with deliveries and on mailed prescriptions going outside of the pharmacy's area-code.

h. The pharmacy's SOPs for mailing prescriptions could not be located during the inspection.

i. The 2017 and 2018 annual controlled substance inventories could not be located during the inspection.

j. A review of the pharmacy's controlled substance invoices found multiple invoices that were not verified by being initialed and dated by responsible pharmacy personnel.

(4) Respondent pharmacy engages in non-sterile compounding. Respondent compounds simple and moderate items. During the non-sterile compounding inspection, the following violations were found:

a. The pharmacy is compounding essentially copies of commercially available products, such as fluorouracil and tretinoin, by compounding at the same strength as a commercially available products, and then adding a low percentage of a vitamin or supplement to the compound.

b. The pharmacy's non-sterile compounding SOPs do not fully address the facility, equipment, personnel, packaging, and storage.

c. The pharmacy did not possess any documents showing training by the compounding staff regarding the handling, storage, preparing, cleaning, and disposal of hazardous drugs.

d. The pharmacist who approves compounded preparations does not have any required training documented.

e. There was not any documented review of USP-795 by the compounding staff.

f. There was not any documented review of the pharmacy's non-sterile compounding SOPs.

g. The pharmacy did not possess any documentation of upkeep of its equipment used in compounding; such as the calibration of its scales or the certification of its hood.

h. The Master Formulation Records were missing the following: verifying calculations; packaging and storage requirements; quality control procedures, and expected results.

i. The Compounding Records were missing the following: name of the person who performed the quality control procedures; a duplicate label or copy of duplicate label; a description of the final preparation; results of the quality control procedures; documentation of any quality control issues; and any adverse reactions or preparation problems reported by the patient or caregiver.

j. The pharmacy did not possess an ongoing quality control program for the equipment and facility.

k. The pharmacy's batch labels were missing or inconsistent with having the lot number and BUD.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. Utah Code Ann. § 58-1-501(2)(a) and (b); and Utah Administrative Code R156-17b-502(6); R156-17b-603(1); R156-17b-605(1) and (2); R156-17b-610(6); and R156-17b-614a(1), (2), (3), (5), and (12). Respondent agrees by engaging in such conduct the Division is justified in taking disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), may be issued in this matter providing for the following action against Respondent's license:

(a) Respondent's licenses shall be publicly reprimanded for the conduct described in paragraph 7 above.

(b) **Inspections.** Respondent shall undergo periodic inspections conducted by the Division.

(c) **Fine.** Respondent shall pay a fine of $20,700.00 (twenty thousand seven hundred dollars) to the Division, pursuant to Utah Code Ann. § 58-17b-504 and Utah Administrative Code R156-17b-402. Of that total fine, $10,350.00 (ten thousand three hundred and fifty dollars) shall be immediately stayed. If Respondent fails to correct all deficiencies described in this Stipulation and Order within six months, as determined by a future Division inspection, or fails to comply with any term or condition of this Stipulation and Order, then the Division may move to lift the stay and immediately impose the stayed portion of the fine. Respondent shall pay the unstayed $10,350.00 (ten thousand three hundred fifty dollars) portion of the fine to the Division within 90 days from the effective date of this Stipulation and Order.

(d) **Written Practice Plan.** Respondent shall submit written practice, describing how Respondent pharmacy will operate lawfully in the future, to the Division and Board for review within 30 days of the effective date of this Stipulation and Order.

(e) **Meeting with the Board.** Respondent shall meet with the Board for an educational interview at the first Board meeting following the effective date of this Stipulation and Order.

9. Upon approval by the Director of the Division, this Stipulation and Order shall be the final compromise and settlement of this non-criminal administrative matter, and that any hearings or prehearing conferences currently scheduled are hereby vacated. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of his having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent shall abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board.

Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Division or Board. Failure to comply with and timely complete a term or condition shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to practicing under any other name, Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and

conditions in the original Stipulation and Order.

16. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY: _____
JENNIFER ZAELIT
Bureau Manager

DATE: 10 Feb 2020

RESPONDENT

BY: _____
CODY WALKER
Owner

DATE: 2/4/2020

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 11 Feb 20

ORDER

THE ABOVE STIPULATION, in the matter of **HRX PHARMACY, LLC,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 18 day of February 2020

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator: Travis Drobing

8F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (07/28/2021)

Section 1: General Information

First: David Middle: Last: Walters

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Historic Dr

City: Louisville State: KY Zip: 40299

Telephone: [redacted] Email: david.walters@mckesson.com

Reason for Temporary License: Employed by RxC Acquisisition Company dba RxCrossroads by McKesson as a pharmacist.

Section 2: Employment Information

Pharmacy Name: RxC Acquisition Company dba RxCrossroads by McKesson NV Pharmacy License # (if applicable): PH01678

Address: 5101 Jeff Commerce Dr., Ste. A

City: Louisville State: KY Zip: 40219

Telephone: (502) 379-4425 Email: mckessonlicensing@mckesson.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Kentucky 012085 Date of issuance: 08/03/1983

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

D Walters

Original Signature, no copies or stamps accepted

10/1/21

Date

Board Use Only	Date Received:	Amount:
	NAPLEX:	MPJE:
	Temporary License Issued:	Temporary License Expiry:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST 4

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: David Middle: Wayne Last: ~~Waters~~ Walters

Mailing Address: [redacted] Historic Dr

City: Louisville State: KY Zip Code: 40299

Telephone: [redacted] E-mail Address: david.walters@mckesson.com

Date of Birth: [redacted] Place of Birth: Pikeville, Kentucky

SS# or ITIN: [redacted] Sex: ☒ M or F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State: KY

012085 Date of Issuance: 08/03/1983

College of Pharmacy Information

Graduation Date: 5/08/1983 (mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Kentucky College of Pharmacy

Location of School: Lexington, Ky

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
IN	26017430A	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: _____
Military Occupation/Specialty: _____
Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?		X
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
	Ky	11/23/09	09-0039

Criminal Action:	State	Date:	Case #:	County	Court
N/A		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Daul Watkins RPh

Original Signature, no copies or stamps accepted

10/4/21

Date

RECEIVED
KY BOARD OF PHARMACY
2009 JUN -5 A 11: 11

COMMONWEALTH OF KENTUCKY
Kentucky Board of Pharmacy
Case No. 09-0039

IN RE: David W. Walters
[redacted] Historic Drive
Louisville KY 40299

Agreed Order of Surrender

The Kentucky Board of Pharmacy ("Board") based upon the information presented to it and being sufficiently advised, and David Walters ("Walters") hereby agree to the entry of this Agreed Order of Surrender in an effort to provide a framework for the reinstatement of Walters' license to practice the profession of pharmacy after meeting conditions designed to provide circumstantial guarantees that Walters is able to practice the profession with reasonable skill, safety and competence to patients.

Stipulations of Fact

The parties stipulate to the following factual statements that serve as the factual basis for this Agreed Order of Surrender:

1. Walters at all times material hereto is and has been licensed in the Commonwealth as a pharmacist having been issued license number 008931.
2. On or about April 1, 2009, Walters was arrested for Theft of a Controlled Substance.
3. On or about April 6, 2009, Walters surrendered ~~her~~ his pharmacy license to Brian Fingerson and signed a Kentucky Professionals Recovery Network (KYPRN) Agreement.

(21) A fully executed copy of the *Agreed Order of Reinstatement* is evidenced by the date it is signed by the President of the Kentucky Board of Pharmacy.

Catherine L. Shely, President
Kentucky Board of Pharmacy

11-25-09
Date

David W. Walters

11/23/09
Date

Stipulated Conclusions of Law

The parties stipulate to the following Conclusions of Law, which serve as the legal basis for this Agreed Order of Surrender:

1. Walters' license to practice pharmacy in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.
2. KRS 315.131 provides that the Board may issue an emergency order suspending the license of an individual whose continued practice would constitute a danger to the health, welfare, and safety of the general public.
3. There is probable cause to believe that Walters has violated KRS 315.121(2)(f).

Agreed Order of Surrender

Based upon the foregoing stipulated facts and conclusions of law, the Board and Clarkson agree to resolve this matter without further administrative proceedings. Accordingly:

1. Walters agrees to surrender his Kentucky pharmacist license with his signature to this Agreed Order of Surrender, if he has not already done so. Walters' license shall be suspended for a minimum of six (6) months from May 7, 2009.
2. Walters agrees that he may not petition the Kentucky Board of Pharmacy for reinstatement of his Kentucky pharmacist license until he is able to document a minimum of six (6) months continued sobriety through KYPRN.
3. Walters agrees to provide, with his petition for reinstatement of his Kentucky pharmacist license, documentation from a certified

addictionologist and an approved treatment provider that Walters has documented not less than six (6) months of continued sobriety, the attendance of ninety (90) AA or NA meetings in ninety (90) days and that in the professional opinion of the addictionologist and the treatment provider that Walters is then currently able to practice the profession of pharmacy with reasonable skill, care, and safety to patients.

4. Walters agrees that the Board may grant or deny such a petition for reinstatement, with appropriate conditions.

Catherine L. Shely, President
Kentucky Board of Pharmacy

7-8-09
Date

David W. Walters

6/3/09
Date

D9-0039

KENTUCKY BOARD OF PHARMACY

Steven L. Beshear
Governor

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
http://pharmacy.ky.gov

Board Members
Deborah L. Brewer, R.Ph.
Brian C. DeWire, DC, Consumer
Scott A. Greenwell, Pharm.D.
Larry Hadley, R.Ph.
Cathy Hanna, Pharm.D.
Joel C. Thornbury R.Ph.

Executive Director
Michael Burleson, R.Ph.

December 17, 2014

David Walters, R. Ph.
[redacted] Historic Dr
Louisville KY 40299

Dear Pharmacist Walters:

This letter follows the 2009 Agreed Order between you and the Kentucky Board of Pharmacy.

The Agreed Order was signed by President Catherine Shely on November 25, 2009. The Agreed Order provided for a five (5) year probation period.

I am pleased to inform you that the aforesaid probation period has been successfully served. Congratulations and continue success.

If you should have any questions, please contact me at your convenience.

Sincerely,

Michael Burleson, R.Ph.
Executive Director

Commonwealth of Kentucky
Kentucky Board of Pharmacy
Case Number 09-0039

IN RE: PETITION FOR REINSTATEMENT OF DAVID W. WALTERS

Agreed Order of Reinstatement

Come the parties, the Kentucky Board of Pharmacy (hereafter "Board") and David W. Walters (hereafter Walters), and both being fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to KRS Chapter 315, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies, not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Walters was a registered pharmacist in Kentucky, having been assigned pharmacist license no. 008931.

(3) On or about April 1, 2009, Walters was arrested for Theft of a Controlled Substance.

(4) On or about April 6, 2009, Walters signed a KYPRN Agreement and surrendered his pharmacist license for a minimum of six months.

(5) Walters appeared before the Board on November 13, 2009, to present a petition for reinstatement of his pharmacist license.

(6) On November 13, 2009, the Board determined that Walters presented evidence to support his current ability to practice as a pharmacist provided he is

subject to terms and conditions that monitor his practice. Thus, the Board ordered that Walters' license to practice the profession of pharmacy be reinstated with conditions, and Walters agrees to each of the conditions stated in this *Agreed Order of Reinstatement.*

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Pursuant to KRS 315.120(2) and 315.121(4), Walters' pharmacist license is reinstated upon satisfying the continuing education requirements, paying the cumulative renewal fee, and submitting a complete renewal application to the Board;

(B) Walters' pharmacist license is placed on probation for five (5) years and is subject to the following terms and conditions:

(1) Walters shall not work more than forty-five (45) hours per week or more than ninety (90) hours per two (2) weeks, with a maximum of fifty (50) hours in any seven (7) consecutive days and no overtime;

(2) Walters shall provide a copy of this *Agreed Order of Reinstatement* to all Pharmacists-in-Charge (PIC) and all employers, wherever Walters is employed, in this state or out of it;

(3) A perpetual inventory is required at all places of employment and pharmacies owned, in whole or in part, for C-II's, with electronic tracking of C-III's, C-IV's, C-V's, and this perpetual inventory/electronic tracking must be made available to the Board on request and audits may be conducted. Additionally, a written or electronic record of all expired drugs shall be retained for five (5) years by the employing pharmacy;

(4) Walters shall sign an aftercare contract with Kentucky Pharmacist Recovery Network (KYPRN), which includes a drug counselor and/or mental health counselor if indicated by KYPRN. The aftercare contract with KYPRN shall be in full force and effect for as long as Walters is under the terms of this *Agreed Order of Reinstatement*, and Walters shall notify the Board and KYPRN of any violation of this *Agreed Order of Reinstatement* or KYPRN contract, within twenty-four (24) hours;

(5) Walters shall notify the Board of change of home address, telephone number and/or email within seven (7) days of change;

(6) Walters shall provide to the Board a signed release granting the Board and PRN access to all medical records and patient information;

(7) Walters shall attend AA or NA meetings no less than six (6) times per two (2) weeks or twelve (12) meetings per calendar month, which shall include a minimum of two (2) meetings per week and shall provide the Board and PRN with monthly written reports of all AA/NA meetings;

(8) Walters shall agree to provide a minimum of six (6) random urine or other body fluid or hair samples at the discretion of PRN, the Board, or any other monitoring body for licit and illicit drugs of abuse and over-the-counter medications each year during the probation, with all expenses to be paid by Walters. Production of these samples shall be observed. Walters shall provide copies of any results of these screens ordered by anyone to the PRN Chair and the Board. Walters understands that it is his responsibility to notify the PRN Chair, the testing company, and the Board office of anything that may affect his availability for screens (e.g. vacations, travel, family obligations and so on prior to the events). The agency that provides the collection shall be approved by the PRN Chair. A missed screen may be cause for reporting such to the Board. Any positive screen that is a violation of this *Agreed Order of Reinstatement* or KYPRN contract shall be communicated to the Board by the PRN Chair within twenty-four (24) hours. A report indicating a presumptive presence shall constitute a conclusive basis, without the necessity of a hearing, for a determination that Walters is not in compliance with the terms of this *Agreed Order of Reinstatement;*

(9) Walters shall agree to abstain from any and all mood-altering chemicals (including but not limited to alcohol (i.e.-ethyl alcohol or ethanol), marijuana, tranquilizers, sedatives, stimulants, narcotics, opioids, including tramadol, nulbuphine, soporifics, androgenic steroids, scheduled and/or unscheduled drugs, mood altering over-the-counter medications, herbals, dietary supplements and any other known addictive drug) except as prescribed by his physician and only after consultation with the Director of PRN. If any mood altering and/or potentially addictive medications are required or recommended by his physician, Walters shall notify the PRN Chair in advance and provide documentation of the need for the medication (i.e.-a copy of the prescription or note from the prescribing practitioner) within three (3) days. If the need for the medication is

ongoing, Walters shall renew and verify with the PRN Chair every ninety (90) days. Walters also agrees to avoid exposure to anything that will cause his drug test to be positive. In that regard Walters shall avoid such items as "hemp oil" and "coca tea" and Walters shall not consume poppy seeds (which can be found hidden in curry sauces, breads, salad dressings, and in or on other foods). Walters shall not use ethyl alcohol in any form (including "alcohol free wine or beer," over-the-counter drugs containing alcohol (cough syrups, Nyquil or other similar OTC drug or supplement), mouthwash or other hygiene products containing ethanol, foods containing ethanol (desserts, vanilla extracts, etc.) communion wine, sanitizing hand or body gels (Purell or other), or any other form of ethyl alcohol. Intentional use of any of these products or medications without a practitioner's order is a violation of this *Agreed Order of Reinstatement* and KYPRN contract. When Walters signs this *Agreed Order of Reinstatement* and KYPRN contract he gives up the right to self medicate with the exception of single entity OTC NSAIDS and acetaminophen. A report indicating a presumptive presence shall constitute a conclusive basis, without the necessity of a hearing, for a determination that he is not in compliance with the terms of this *Agreed Order of Reinstatement;*

(10) Walters is precluded from accepting a position of Pharmacist-in-Charge, Preceptor, or from exercising Power-of-Attorney for purposes of purchasing controlled substances;

(11) Walters shall keep the Board advised at all times of his places of employment and shall only practice at a location and a work schedule that has received prior approval of the Board or its President;

(12) Walters shall not work at a pharmacy owned, in whole or in part, by him or another member of his family and Walters shall not possess a key to a pharmacy owned, in whole or in part by him or another member of his family. Walters shall not be on the premises of any pharmacy owned, in whole or in part, by him or another member of his family. During his probation Walters shall have prior approval to own a new pharmacy, in whole or in part, by the Board or Board President;

(13) Within two (2) years from the date of this order, the Board shall conduct quarterly inspections at all locations of Walters's employment. After two (2) years through five (5) years from the date of this order, the Board shall

conduct semi-annual inspections at all locations of employment, the costs of which, not to exceed $500 per inspection, shall be paid by Walters to the Board within thirty (30) days of invoicing by the Board. Costs shall be determined as time, travel costs, and mileage charges of the inspector(s);

(14) Walters shall obtain all of his prescriptions and those of his family at a pharmacy designated in writing to the Board and shall not dispense any drugs for himself or his family;

(15) Walters shall attend within one (1) year of the entry of this *Agreed Order of Reinstatement* either the University of Utah School on Alcoholism and other Drug Dependencies, CAPTASA, or the Southeastern PRN Meeting and shall provide a certificate of completion to the Board;

(16) Walters shall provide monthly written self performance evaluations to the PRN Chair and the Board and shall make all appearances before the PRN Committee as requested, including an annual appearance at the PRN meeting closest to the anniversary date of reinstatement for each year while on probation;

(17) If Walters commits any other act that results in a violation of a federal or state pharmacy or drug statute or regulation, the Board reserves the right to issue a Complaint against Walters' license and impose any applicable penalties pursuant to KRS Chapter 315;

(18) Walters shall not seek to amend or modify this *Agreed Order of Reinstatement.* This *Agreed Order of Reinstatement* constitutes the entire agreement between the parties and Walters is not relying on any other agreement or representation of any kind, verbal, or otherwise;

(19) By practicing pursuant to this *Agreed Order of Reinstatement* and by his signature on this *Agreed Order of Reinstatement,* Walters expressly acknowledges that he was fully and completely informed of his right to due process and right to legal counsel, that he fully understands those rights, and that he knowingly, voluntarily, and willingly agrees to waive those rights, and that he will practice the profession of pharmacy in the Commonwealth in conformity with the requirements of this *Agreed Order of Reinstatement* and all applicable pharmacy and drug laws;

(20) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act; and

October 27, 2021

To whom it may concern:

Due to some personal issues and bad choices on my part, my License to practice Pharmacy in the state of Kentucky was suspended in April 2009. I completed a very rigorous Program set out by the Kentucky Board of Pharmacy which continued for a period of 5 years and successfully satisfied their requirements. I have resolved the personal issues which led me astray and have been practicing Pharmacy full time since November 2009 with no further issues. I am and always have been one hundred percent accountable and will continue to be so the rest of my Pharmacy career. If there are any further questions involving this matter, I would refer you to the Kentucky Board of Pharmacy website for any additional information required. Thanks you for your time,

Sincerely,

David Walters RPh

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number 008931

DAVID WALTERS

LOUISVILLE, KY 40299

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	2/28/2022
Effective Date	8/3/1983
Status of License	Active
Preceptor	No
Naloxone	No
Board Action	Yes
Case Number(s)	09-0039

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

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9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: David Middle: James Last: Smith

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Foothills Village Drive

City: Henderson State: NV Zip: 89012

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 17853 Specialty: Pain Management

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Las Vegas Comprehensive Pain Management Center, Inc.

Practice Address: 8930 West Sunset Road Suite #: 350

City: Las Vegas State: NV Zip: 89148

Telephone: (702) 463-8548 Fax: (702) 463-8384 Email: sdcpmcdjs@hotmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Probation	CA	9/24/20	800-2015-013651

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David J. Smith, M.D. — December 2, 2021
Print Name (First, Last) — Date

Original Signature (electronic, copies or stamps not accepted) — December 2, 2021
Date

Board Use Only: Date Processed: _____ Amount: $200 CC

LAW OFFICES OF MATTHEW D. RIFAT, APC

POST OFFICE BOX 19879
San Diego, California 92159

Matthew D. Rifat

Telephone: (619) 708-3675

Also admitted in
Arizona & Mississippi

Correspondent's E-Mail:
matthew.rifat@lomdr.com

October 26, 2021

RE: *Provider David J. Smith, M.D.*
NPI No. 1811930357
Update CA Medical Board Actions

Dear Sir or Madam:

Regarding the restrictions on Dr. Smith's license to practice medicine in California that were imposed by the California Medical Board. **Those restrictions have been lifted and Dr. Smith's ability to practice medicine is unhindered by Board action.**

By way of background, David Smith, M.D., is a pain management specialist who treats patients suffering from chronic, intractable pain. He employs a number of treatment modalities including the use of medication to treat pain with oral opioids and drugs delivered by intrathecal infusion pain pumps. Pain management physicians have been under attack by regulators and law enforcement in California and, consequently, there are few pain providers left. Pain patients are vulnerable and the loss of another provider, particularly one of the largest pain providers in Southern California, would be devastating.

On April 27, 2018, the Medical Board filed an Accusation against Dr. Smith's medical license. On February 13, 2019, the Medical Board filed an Amended Accusation. On June 25, 2020, an ALJ ("ALJ"), issued a Proposed Decision and recommended discipline. On July 24, 2020, the Medical Board notified Dr. Smith that it was considering the proposed decision. On August 25, 2020, the Medical Board adopted the proposed decision ("Decision").

Dr. Smith filed a Petition for Reconsideration and, on September 22, 2020, the Medical Board granted his request for a stay. The Board extended that stay by order issued on October 1, 2020. On October 15, 2020, the Petition for Reconsideration was denied by operation of law.

Dr. Smith timely filed a Petition for Writ of Mandate in the Los Angeles County Superior Court, challenging the Medical Board's Decision. As evidenced in the enclosed Memorandum filed by him in that case, there are serious legal issues that appear likely to result in his discipline being overturned.

In the meantime, Dr. Smith has been fully compliant with the terms of his discipline. That has included substantial education, evaluation and supervision. *One of the terms of his discipline limited Dr. Smith's ability to prescribe and to treat patients with intrathecal pumps. Those restrictions have been fully lifted. He is permitted to prescribe, dispense, administer, furnish and possess Schedule II, III, and IV drugs and his license is active with no material restrictions.*

If you have any questions, please let me know.

Very truly yours,
LAW OFFICES OF MATTHEW D. RIFAT, APC

Matthew D. Rifat

Matthew D. Rifat

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
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Telephone: (619) 738-9417
Facsimile: (619) 645-2061

Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Feb. 13 20 19
BY [illegible] ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **DAVID JAMES SMITH, M.D.** **[redacted] Camino Del Rio South, Suite [redacted]** **San Diego, California 92108** **Physician's and Surgeon's License No. G66777,** Respondent.	Case No. 800-2015-013651 OAH No. 2018-080617 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, and not otherwise.

2. On or about August 21, 1989, the Medical Board issued Physician's and Surgeon's Certificate No. G66777 to David James Smith, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges and allegations brought herein and will expire on January 31, 2021, unless renewed.

JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded which may include a requirement that the licensee complete relevant educational courses, or have such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in relevant part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(d) Incompetence.

"..."

6. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.).

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7. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

8. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

9. Section 4022 of the Code states:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

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"(b) Any device that bears the statement: 'Caution: federal law restricts this device to sale by or on the order of a _____,' 'Rx only,' or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent has subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of patients A, B, C, and D,[1] as more particularly alleged hereinafter:

11. **Patient A**

(a) Since at least 2010, Patient A treated with Respondent for pain management due to chronic pain in her back, leg, knee, and shoulder.[2] In or around that time, Patient A already had an intrathecal pump[3] implanted. In or around 2012 and 2013, Respondent implanted multiple new intrathecal pumps in Patient A due to various medical issues.

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[1] Letters A, B, C, and D are used for the purposes of maintaining patient confidentiality.

[2] Conduct occurring more than seven (7) years from the filing date of the initially filed Accusation (April 27, 2018) involving Patient A is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] An intrathecal pump is a medical device used to deliver medication directly into the space between the spinal cord and the protective sheath surrounding the spinal cord for targeted drug delivery. An intrathecal pump delivers medicine directly into the Cerebrospinal fluid and requires a significantly smaller amount of medication compared to systemically taken (orally) medication due to bypassing the systemic path that oral medication must travel in the body. An intrathecal pump is programmable and it stores the information about medication in its memory. An intrathecal pump is programmed to slowly release medication over a period of time and can be programmed to release different amounts of medication at different times of the day. When the intrathecal pump's reservoir is empty, the medication is refilled by insertion of a needle through the skin and into the fill port on top of the pump's reservoir.

(b) From in or around 2011 to in or around 2017, Respondent managed Patient A's pain medication through intrathecal drug therapy and high dose systemic (oral) opioid drug therapy. During this same time frame, Respondent routinely filled Patient A's intrathecal pump with massive doses of controlled pain medication and routinely prescribed excessive doses of oral opioids and other controlled substances. Significantly, the potent and highly addictive medications from the combined drug therapies (intrathecal and systemic/oral) were being taken by Patient A at the same time, as prescribed by Respondent. In fact, Respondent, notwithstanding Patient A's intrathecal drug therapy, routinely prescribed excessive amounts of oral opioid medication that often exceeded well more than three hundred (300) morphine milligram equivalents (MME) in a day. Respondent prescribed these massive oral doses of opioids to Patient A on multiple dates including, but not limited to, October 2, 2017; July 25, 2016; September 4, 2013; and November 7, 2012.

(c) On or about October 2, 2012, Respondent replaced Patient A's existing intrathecal pump with a newer model.[4]

(d) On or about October 9, 2012, Respondent filled Patient A's newly installed pump with medication but failed to clearly and accurately document the concentration of initial medication that was used to fill the pump. According to the chart note for this outpatient visit, Respondent initiated the pump's medication with an extremely high amount of fentanyl.[5] Patient A's initiating fentanyl dose was documented at a concentration of 25 milligrams (mg) per milliliter (mL), with a

[4] A pump implant operative note indicated that Respondent implanted the Medtronic Synchromed II.

[5] Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. Fentanyl is a potent synthetic opioid drug used as an analgesic and anesthetic. Fentanyl is "approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic." (Drugs of Abuse, Drug Enforcement Administration (DEA) Resource Guide (2017 Edition), at p. 40.)

starting dose of 2.499 mg of fentanyl per day. The chart note for this visit also documented filling the pump with Marcaine 5 mg/mL. The chart note further documented that Patient A was continuing to orally take Methadone[6] and Roxicodone[7] for pain. Respondent, notwithstanding the amount of controlled pain medications Patient A was getting through combined intrathecal and systemic drug therapies, also gave verbal orders for an intramuscular injection of Dilaudid[8] 4 mg for Patient A at this visit. Significantly, there was no observation period of Patient A following the pump's medication refill at this visit.

(e) Following a pump pocket fill of Patient A's intrathecal pump, Respondent sent her home after only one dose of Naloxone.[9] Significantly, Respondent failed to observe Patient A after this single dose and evaluate potential side-effects including, but not limited to, opioid over-dosage.

(f) In or around June 2015, Patient A was admitted for a prolonged admission to a hospital at the University of California San Diego (UCSD). During her admission, Patient A's intrathecal pump had to be filled with medication. A UCSD physician treating Patient A identified that the concentration of medication in her pump was "extremely high" and that the pump's internal computer listed the concentration of drugs in "milligrams," and not micrograms (mcg), even though mcg is the standard measurement of concentration of medication used in an intrathecal pump. Respondent personally verified the accuracy of the listed

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[6] Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

[7] Roxicodone is a brand name for oxycodone, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[8] Dilaudid is a brand name for hydromorphone, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[9] Naloxone is a medication designed to rapidly reverse opioid overdose.

concentrations and infusion doses directly to the UCSD physician. A "formula sheet" containing a list of medication concentration was also faxed from Respondent's clinic to UCSD to again verify concentrations and dosages that the Respondent fills in Patient A's pump. The "formula sheet" clearly indicated that major discrepancies existed between its listed concentrations and dosages and the final concentrations actually contained in Patient A's pump.

(g) Respondent routinely issued prescriptions to Patient A for the concomitant use of addictive controlled pain medications including, but not limited to, MS Contin,[10] Roxicodone, benzodiazepines,[11] Soma,[12] and phentermine.[13] Prescriptions for this dangerous drug combination were issued to Patient A on multiple dates including, but not limited to, January 23, 2017; February 21, 2017; March 6, 2017; April 28, 2017; June 1, 2017; August 7, 2017; and October 2, 2017. Respondent failed to document his clinical judgment behind prescribing a controlled medication combination with potentially lethal consequences, which occurred every time he prescribed the concomitant use of these drugs to Patient A.

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[10] MS Contin is a brand name for morphine, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[11] Benzodiazepines are Schedule IV controlled substances pursuant to Health and Safety Code section 11057, subdivision (d), and are a dangerous drug pursuant to Business and Professions Code section 4022. Concomitant use of benzodiazepines with opioids may result in profound sedation, respiratory depression, coma, and/or death. The DEA has identified benzodiazepines as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

[12] Soma is a brand name for carisoprodol, which is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. The DEA has identified Soma as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 27.)

[13] Phentermine is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. The DEA has identified phentermine as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 50.)

(h) From in or around 2011 to in or around 2017, Respondent, notwithstanding his knowledge of Patient A's documented history of drug and alcohol abuse and "drug seeking" behavior, continued to prescribe massive amounts of addictive controlled pain medication even after inconsistencies were discovered in her urine drug screens and Controlled Substance Utilization Review and Evaluation System[14] (CURES) reports indicating she had received controlled prescriptions from other physicians. The chart notes during this time frame fail to adequately document any discussion with Patient A about the reasons and/or explanations for these inconsistencies.

12. Respondent committed gross negligence in his care and treatment of patient A including, but not limited to, the following:

(a) Respondent, after initiation of intrathecal drug therapy, failed to reduce and/or eliminate Patient A's continued use of systemic opioid drug therapy;

(b) On or about October 9, 2012, Respondent initiated an excessive dose of fentanyl at an intended concentration of 25 mg/mL and a starting dose of 2.499 mg per day, in Patient A's intrathecal pump;

(c) On or about October 9, 2012, Respondent failed to initiate intrathecal therapy in an inpatient setting to observe whether Patient A had a safe response to the medication;

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[14] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is important to note that the history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

(d) On or about October 9, 2012, Respondent failed to initiate intrathecal therapy in an outpatient setting to observe whether Patient A had a safe response to the medication;

(e) On or about October 9, 2012, Respondent gave verbal orders for an intramuscular injection of Dilaudid 4 mg for Patient A despite the amount of controlled pain medications Patient A was already receiving through combined intrathecal drug therapy and systemic drug therapy;

(f) Respondent performed a pump pocket fill of Patient A's intrathecal pump, and, after administering a single dose of Naloxone, he failed to observe and evaluate the patient for potential side-effects of opioid over-dosage;

(g) Respondent failed to maintain adequate and accurate records by failing to accurately record information about medication used in Patient A's intrathecal pump, including, but not limited to, starting concentration of medication, final concentration of medication, starting and final concentration of medication after other medication was added, drug calculations, and other reported values of concentration and doses;

(h) Respondent failed to properly program medication information into Patient A's intrathecal pump, including, but not limited to, starting concentration of medication, final concentration of medication, starting and final concentration of medication after other medication was added; and other reported values of concentration and doses;

(i) Respondent repeatedly and clearly excessively prescribed, furnished, dispensed, and/or administered opioids to patient A;

(j) Respondent routinely prescribed dangerous drug combinations and doses to Patient A including, but not limited to, MS Contin, Roxicodone, benzodiazepines, Soma, and phentermine;

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(k) Respondent failed to document his clinical judgment behind prescribing a controlled medication combination for concomitant use by Patient A with potentially lethal consequences; and

(l) Respondent, with knowledge of Patient A's documented drug seeking behavior, failed to provide appropriate treatment in that he, among other things, repeatedly prescribed excessive amounts of addictive pain medication to Patient A over an extended period of time, while failing to respond to objective signs of aberrant drug behavior.

13. **Patient B**

(a) Between in or around 2004 and in or around November 2013, Patient B treated with Respondent for pain management due to a number of medical issues including, degenerative disc disease and chronic low back pain.[15] On or about April 19, 2015, Patient B died of a drug overdose. The medical examiner's autopsy report determined his cause of death was from "mixed medication intoxication (fentanyl, oxycodone, oxymorphone, and diazepam)."

(b) Between in or around 2011 and in or around 2013, Respondent prescribed Patient B escalating doses of opioids in combination with other controlled drugs, including, but not limited to, benzodiazepines, antidepressants, muscle relaxants, and testosterone. In fact, Respondent prescribed excessive amounts of opioids including, but not limited to, on or about October 1, 2013, issuing a prescription for Roxicodone (30mg) (#140) amounting to approximately ten (10) tablets daily. Significantly, this prescription alone equaled an incredibly high four hundred fifty (450) MME.

(c) From in or around 2011 to in or around 2013, Respondent, notwithstanding his knowledge of Patient B's documented history of opioid

[15] Conduct occurring more than seven (7) years from the filing date of the initially filed Accusation (April 27, 2018) involving Patient B is for informational purposes only and is not alleged as a basis for disciplinary action.

dependence, alcohol and drug abuse, depression, and other aberrant drug behaviors, continued prescribing large amounts of addictive medication even after numerous inconsistencies were discovered in Patient B's urine drug screens and CURES reports, including, but not limited to, June 23, 2011 (inconsistent for Vicodin and Valium); March 14, 2013 (misused prescription); April 16, 2013 (misused prescription); and August 14, 2013 (+cocaine). The chart notes during this time frame fail to adequately document any discussion with Patient B about the reasons and/or explanations for these inconsistencies. Although Patient B's medications were discontinued on occasion due to non-compliance, the prescriptions were later continued with similar dosing strength and frequency. Significantly, Respondent failed to document any discussion with Patient B regarding a referral to addictionology or a rehabilitation facility despite multiple "red flags" involving drug abuse and depression.

(d) In a chart note dated November 29, 2012, it was documented that Patient B requested a different dosage of medication in order to help with his depression. At the next charted visit, on or about January 15, 2013, there is no documentation of a follow up on Patient B's request for a different dosage. However, it is documented that he has been experiencing increased anxiety but with no further comment or follow up charted in the note.

(e) There are missing chart notes for July, August, and September 2013. However, Patient B filled controlled prescriptions issued by Respondent during this time frame. In addition, there are chart notes documenting conflicting information regarding what medication was being prescribed and taken.

14. Respondent committed gross negligence in his care and treatment of Patient B including, but not limited to, the following:

(a) Respondent prescribed excessive amounts of opioids including, but not limited to, on or about October 1, 2013, issuing a prescription for Roxicodone (30mg) (#140) amounting to approximately ten (10) tablets daily;

(b) Respondent failed to effectively monitor and manage Patient B's drug use by continuing to prescribe addictive controlled medication after years of inconsistent drug tests, positive test result for cocaine, and/or repeated misuse of controlled prescriptions;

(c) Respondent failed to refer Patient B to addictionology or rehabilitation facility after repeated "red flags" of aberrant drug behavior;

(d) There are missing chart notes for July, August, and September 2013; and

(e) There are multiple inaccurate chart notes documenting conflicting information regarding what medication was being prescribed and taken.

15. **Patient C**

(a) Between in or around 2008 and in or around 2012, Patient C treated with Respondent for pain management due to chronic pain from a work related injury.[16] On or about July 22, 2012, Patient C died of a drug overdose. The medical examiner's autopsy report determined her cause of death was from "acute oxycodone, carisoprodol, and diazepam intoxication."

(b) Between in or around 2011 and in or around 2012, Respondent managed Patient C on many different medication classes for her drug therapy including, but not limited to, opioids (long acting and short acting), multiple benzodiazepines, neuropathic pain medication, multiple muscle relaxants at same time, and antiemetics. In fact, Respondent prescribed an excessive number of drugs that performed same or similar mechanisms of action to treat Patient C.

(c) Patient C's medical charts failed to include a review of systems, failed to consistently include a well-defined chief complaint, and failed to accurately record information regarding prescribed medication. In addition, there were no

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[16] Conduct occurring more than seven (7) years from the filing date of the initially filed Accusation (April 27, 2018) involving Patient C is for informational purposes only and is not alleged as a basis for disciplinary action.

CURES reports contained in Patient C's medical records nor any mention in her charts of checking CURES for patient compliance.

16. Respondent committed gross negligence in his care and treatment of Patient C including, but not limited to, the following:

(a) Respondent prescribed an excessive number of controlled drugs, including, but not limited to, opioids (long acting and short acting), benzodiazepines, muscle relaxers, and antiemetics to treat Patient C.

17. **Patient D**

(a) Between in or around December 2011, and in or around July 2012, Patient D treated with Respondent for pain management due to chronic pain.[17] On or about August 1, 2012, Patient D died of a drug overdose. The medical examiner's autopsy report determined her cause of death was from "acute tapentadol, fentanyl, and alprazolam intoxication."

(b) During the time that Patient D was under the care of Respondent, she was morbidly obese; she had a long history of poor pulmonary function and pulmonary disease; and she had a documented history of opioid dependence. Significantly, she had a long and documented history of multiple Emergency Department and hospital admissions for various medical conditions, including hospitalizations due to opioid induced respiratory depression.[18]

(c) On or about November 23, 2011, Patient D visited an Emergency Department and had requested a medication refill because her pain management doctor was "out of town." The medical record of that visit documented that Patient D's pain management doctor at the time, Dr. A.S., was contacted and that she had contradicted the patient's account regarding lack of medication.

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[17] Conduct occurring more than seven (7) years from the filing date of the First Amended Accusation involving Patient D is for informational purposes only and is not alleged as a basis for disciplinary action.

[18] In 2011 and 2012, Patient D had multiple admissions to Emergency Departments and hospitals.

Furthermore, Dr. A.S. advised Emergency Department staff that she had been having difficulty with managing Patient D's pain due to the patient's "concomitant illicit drug use." Patient D was denied opioid medication from Emergency Department medical staff that day. Three days later, Patient D returned to the same Emergency Department and requested to be admitted for drug detoxification.

(d) On or about December 23, 2011, Respondent had his initial examination with Patient D. In the chart note for this visit, Respondent documented that "[Patient D] had leftover methadone from a *few years* ago and began taking due to the fact she was out of Oxy IR ... [Patient D] states she last took methadone this morning."

(e) Between in or around December 2011 and in or around July 2012, Respondent managed Patient D on many different medication classes for her drug therapy including, but not limited to, opioids, benzodiazepines, muscle relaxants, and anti-seizure medication at the same time.

(f) Significantly, Patient D's medical charts from Respondent's clinic do not contain any information about her vitals being taken at each clinical visit. In addition, the charts also do not include a review of systems and/or a well-defined chief complaint. Furthermore, the charts do not accurately record information regarding Patient D's past and then-currently prescribed controlled medication. Finally, Respondent prescribed Patient D large amounts of opioids without adequately documenting her past hospitalizations involving poor pulmonary function and pulmonary disease.

(g) In a chart note dated July 26, 2012, Respondent documented that Patient D had wanted to switch pain medications, namely, replace Dilaudid with Nucynta,[19] because she had reported that Nucynta was more effective for her pain

[19] Nucynta is a brand name for tapentadol, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

control. Respondent, notwithstanding Patient D's current dosages of the transdermal Fentanyl patch[20] along with other opioids, issued her a prescription for Nucynta (100mg) (#228).[21] The Nucynta prescription alone resulted in an increase of more than one hundred fifty (150) MME being taken by Patient D at that time.[22]

18. Respondent committed gross negligence in his care and treatment of Patient D including, but not limited to, the following:

(a) On or about July 26, 2012, Respondent prescribed an excessive amount of opioids when he issued Patient D a prescription for Nucynta (100mg) (#228); and

(b) Respondent failed to accurately record critical information in Patient D's medical record, including, but not limited to, failed to have vital signs taken and/or documented at each visit; failed to accurately record information regarding Patient D's past and then-currently prescribed controlled medication; and failed to document a review of systems and/or a well-defined chief complaint.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

19. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of patients A, B, C, D, and E,[23] as more particularly alleged hereinafter:

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[20] Transdermal fentanyl (Duragesic) patches are applied to the skin; used to relieve severe pain, the patch is usually applied to the skin once every 72 hours. Fentanyl patches may cause serious or life-threatening breathing problems. Taking certain medications (e.g., benzodiazepines and muscle relaxants) with fentanyl may increase the risk of serious or life-threatening breathing problems, sedation, or coma.

[21] Patient D's prescribed regimen of opioids represented a total of three hundred ninety-five (395) MME.

[22] Patient D had recently filled prescriptions for Dilaudid (Hydromorphone HCL) on July 10, 2012 (4mg) (#180), and on June 13, 2012 (4mg) (#180).

[23] Letter E is used for the purposes of maintaining patient confidentiality.

20. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

21. **Patient B**

(a) Paragraphs 13 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

22. **Patient C**

(a) Paragraphs 15 and 16, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) There are no CURES reports in Patient C's medical records nor any mention of checking CURES for patient compliance;

(c) In 2012, Respondent prescribed two (2) muscle relaxants at same time to Patient C; and

(d) Patient C's medical charts failed to include a review of systems; failed to consistently include a well-defined chief complaint; and failed to accurately record information regarding prescribed medication.

23. **Patient D**

(a) Paragraphs 17 and 18, above, are hereby incorporated by reference and realleged as if fully set forth herein; and

(b) Patient D's medical charts failed to include and/or document any information regarding Patient D's past multiple hospitalizations.

24. **Patient E**

(a) Between in or around April 2013, and in or around October 2013, Patient E treated with Respondent for pain management due to low back pain.[24] On or about December 15, 2013, Patient E died of a drug overdose. The medical

[24] Conduct occurring more than seven (7) years from the filing date of the First Amended Accusation involving Patient D is for informational purposes only and is not alleged as a basis for disciplinary action.

examiner's autopsy report determined his cause of death was from "acute bronchopneumonia; contributing: chronic prescription medication abuse with acute oxycodone and alcohol intoxication; pulmonary emphysema; hepatic cirrhosis."

(b) Between in or around April 2013, and in or around October 2013, Respondent managed Patient E on high dosages of opioids and benzodiazepines at the same time.

(c) In a chart note dated June 26, 2013, it was documented that a prescription was issued to Patient E to obtain a urine drug screen (UDS). The results of the UDS later indicated that Patient E was "negative" for benzodiazepines, despite being prescribed that drug by Respondent. However, Respondent never required Patient E to get another UDS and/or other confirmatory screen to confirm that he was taking the controlled medications being prescribed to him. Instead, Respondent continued to issue prescriptions for controlled pain medication to Patient E without documenting in the medical record any information and/or discussion with Patient E about the inconsistent UDS results.

(d) Patient E had a history of illicit drug use. However, Respondent never discussed and/or documented any discussion with Patient E in the medical record about any past history of illicit drug use.

25. Respondent committed repeated negligent acts in his care and treatment of Patient E including, but not limited to, the following:

(a) Respondent failed to require Patient E to get another UDS and/or other confirmatory screen to confirm that he was taking the controlled medications that Respondent had been prescribing to him; and

(b) Respondent failed to document in the medical record any discussion with Patient E about any past history of illicit drug use.

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THIRD CAUSE FOR DISCIPLINE

(Incompetence)

26. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (d), of the Code, in that Respondent demonstrated incompetence in his care and treatment of patient A, as more particularly alleged hereinafter:

27. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Acts of Clearly Excessive Prescribing)

28. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 725, of the Code, in that Respondent has committed repeated acts of clearly excessive prescribing drugs or treatment to patients A, B, and C, as determined by the standard of the community of physicians and surgeons, as more particularly alleged hereinafter:

29. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

30. **Patient B**

(a) Paragraphs 13 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

31. **Patient C**

(a) Paragraphs 15 and 16, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

32. Respondent has further subjected his Physician's and Surgeon's Certificate

No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment of patients A, B, C, D, and E, as more particularly alleged hereinafter:

33. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

34. **Patient B**

(a) Paragraphs 13 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

35. **Patient C**

(a) Paragraphs 15 and 22, above, are hereby incorporated by reference and realleged as if fully set forth herein.

36. **Patient D**

(a) Paragraphs 17, 18, and 23, above, are hereby incorporated by reference and realleged as if fully set forth herein.

37. **Patient E**

(a) Paragraphs 24 and 25, above, are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

38. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 37, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's License No. G66777, issued to Respondent David James Smith, M.D.;

2. Revoking, suspending or denying approval of Respondent David James Smith, M.D.'s, authority to supervise physician assistants and/or advanced practice nurses;

3. Ordering Respondent David James Smith, M.D., to pay the Medical Board of California the costs of probation monitoring, if placed on probation; and

4. Taking such other and further action as deemed necessary and proper.

DATED: February 13, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2017802855
Doc.No.71736994

FILED
JUL 14 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **DIRECT COMPOUNDING AND OUTSOURCING, LLC,** **Pharmacy License No. PHC04006,** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **MICHAEL THOMAS, PT** **Certificate of Registration No. PT05905,** **KRYSTAL HERNANDEZ, PT** **Certificate of Registration No. PT10671,** **Respondents.**	CASE NOS. 19-070-PH-S 19-070-RPH-S 19-070-PT-A-S 19-070-PT-B-S **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday, July 14, 2021, in Reno, Nevada. Courtney K. Lee, Esq., appeared and prosecuted the case before the Board. Respondents Direct Compounding and Outsourcing, LLC ("Direct"), Pharmacy License No. PHC04006, and Scot Silber, RPh ("Silber"), Certificate of Registration No. 08362, appeared through counsel James Boyle, Esq. from the law firm Holley Driggs, Respondent Michael Thomas, PT ("Thomas"), Certificate of Registration No. PT05905, appeared without counsel *in proper person*, and Respondent Krystal Hernandez, PT ("Hernandez"), Certificate of Registration No. PT10671, appeared without counsel *in proper person*. Upon hearing the case, and based upon the evidence presented, the Board determines the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The allegations against Respondents, as stated in the Amended Notice of Intended Action and Accusation ("Amended Accusation") on file herein, and upon which the Board determines findings of fact, are as follows:

1. The Board has jurisdiction over all Respondents because at the time of the events alleged herein, Respondent Direct held a Nevada Pharmacy License No. PHC04006; Respondent Silber held a Nevada Pharmacist Certificate of Registration No. 08362; Respondent Thomas held a Nevada Pharmaceutical Technician Registration No. PT05905; and Respondent Hernandez held a Nevada Pharmaceutical Technician Registration No. PT10671, all issued by the Board.

2. In April 2004, the Board entered an Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 03-016-RPH-S,* for violations resulting in the mislabeling of dosage directions on a prescription label for Roxanol Liquid, a Schedule II opioid analgesic. The patient ingested an unknown quantity of the medication and was subsequently hospitalized. The Board ordered Silber to pay a fine of $500.00.

3. In October 2012, the Board entered a Stipulation and Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 11-090-RPH-S,* for violations resulting in a dispensing error. Silber misread a prescription and compounded 20 mg/cc morphine sulfate with ***2,500 mcg/cc baclofen*** rather than the 20 mg/cc morphine sulfate with ***250.0 mcg/cc baclofen*** as prescribed. The compound was administered to the patient who was subsequently hospitalized for baclofen toxicity. The Board placed Silber on probation for two years and imposed a $2,500 fine.

4. Respondent Direct, which is located in Henderson, Nevada, terminated former managing pharmacist T.B. on April 4, 2019. Direct did not timely notify the Board about the change in managing pharmacist.

5. Respondent Silber was hired as the managing pharmacist of Direct beginning on or about April 22, 2019. However, on or about April 18, 2019, Respondent Silber supervised and signed off as the pharmacist for Respondent Direct on one 100 batch yield of Oxandrolone 25 mg capsule, and one 30 batch yield of Testosterone Cypionate (6 ml vial) 200 mg/ml injectable.

6. Respondents Thomas and Hernandez were employed by Direct during the times alleged.

7. On or about April 4, 2019, Thomas was contacted by Ellie Gerber ("Gerber"), one of the managing members/owners of Direct, to meet the locksmith at Direct to re-key the pharmacy door. Thomas was given three (3) sets of keys to Direct's pharmacy by the locksmith. Hernandez received a key to Direct on April 8, 2019.

8. Between April 4 and April 22, 2019, Thomas and/or Hernandez had unauthorized access to Direct's controlled substances and dangerous drugs inventory without a pharmacist present.

CONCLUSIONS OF LAW

Based upon the foregoing findings of fact, the Board concludes as a matter of law:

9. Respondent Silber, as a registered pharmacist and/or supervising pharmacist acting on behalf of Direct on April 18, 2019, knew or should have known that pharmaceutical technicians were unlawfully accessing Direct's pharmacy, which violated NRS 639.220(1), NAC 639.470, NAC 639.520, NAC 639.702, and/or 21 CFR § 1301.71. Silber performed his duties as a registered pharmacist in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

10. Respondent Thomas, by obtaining key(s) to Direct's pharmacy on or about April 4, 2019, he knowingly accessed Direct's pharmacy on nine (9) separate occasions without a pharmacist present in violation of NAC 639.520, performed his duty as a pharmaceutical technician in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

11. Respondent Hernandez, by obtaining a key to Direct's pharmacy on or about April 8, 2019, she knowingly accessed Direct's pharmacy on eight (8) separate occasions without a pharmacist present in violation of NAC 639.520, performed her duty as a pharmaceutical technician in an incompetent, unskillful or negligent manner, and engaged in

unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

12. Respondent Direct, by terminating former managing pharmacist T.B. and failing to notify the Board before the change in managing pharmacist, Direct violated NRS 639.220(4). Further, by failing to place a managing pharmacist in charge from April 4 through 22, 2019, Direct violated NRS 639.220 is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

13. Respondent Direct, by furnishing keys to the pharmacy to pharmaceutical technicians Thomas and Hernandez, Direct failed to maintain the security of the pharmacy premises in violation of NAC 639.470, NAC 639.520, and/or 21 CFR § 1301.71, and is subject to discipline pursuant to NRS 639.210(11) and (12), and/or NRS 639.255.

14. Respondent Direct is responsible for the acts or omissions of its employees/personnel, including pharmaceutical technicians, Respondents Thomas and Hernandez, pursuant to NRS 639.230(5), NAC 639.702, and/or NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent Direct's Pharmacy License No. PHC04006 is revoked effective immediately.

a. Respondent Direct must not petition for reinstatement of its pharmacy license until after one (1) year from this Order pursuant to NRS 622A.410(1) and NRS 639.257(1). In the event that Respondent Direct applies for reinstatement of its pharmacy license, or applies for any other certificate, license or permit issued by the Board, then Direct shall appear before the Board to answer questions, and offer testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this case.

b. Respondent Direct shall pay fines of $3,400 for failure to place managing pharmacist in charge, $5,000 for failure to maintain security of the pharmacy premise, and $2,000 for pharmacy owner responsibilities, a total fine amount of ten thousand four hundred dollars ($10,400) by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

c. Respondent Direct shall pay for its portion of attorney's fees and investigative costs of two thousand dollars ($2,000) by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

2. Respondent Silber's Certificate of Registration No. 08362 is hereby revoked. However, the revocation is stayed immediately and Certificate of Registration No. 08362 placed on probation for one (1) year from the date of entry of Order.

a. Respondent is to complete two (2) additional continuing education classes based upon managing pharmacist responsibilities which is due within ninety (90) days upon entry of this Order to the Board.

b. During the one year probation, Respondent Silber is not to serve as managing pharmacist for any pharmacy.

c. Respondent Silber shall pay fines of one thousand five hundred dollars ($1,500) for violations of his duties as a registered/supervising pharmacist by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

d. Respondent Silber shall pay for his portion of attorney's fees and investigative costs of five hundred dollars (S500) by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

e. Upon successful completion of one year probation with no further violations of federal or state law pertaining to the practice of pharmacy, then Respondent Silber's Certificate of Registration No. 08362 shall be fully restored.

3. Respondent Thomas' Certificate of Registration No. PT05905 is hereby revoked. However, the revocation is stayed immediately and Certificate of Registration No. PT05905 placed on probation for one (1) year from the date of entry of Order.

a. Respondent Thomas shall pay fines of nine hundred dollars ($900) for violations of duties as a pharmaceutical technician by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

b. Respondent Thomas shall pay for his portion of attorney's fees and investigative costs of two hundred forty-six dollars and twelve cents ($246.12) by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

c. Upon successful completion of one year probation with no further violations of federal or state law pertaining to the practice of pharmacy, then Respondent Thomas' Certificate of Registration No. PT05905 shall be fully restored.

4. Respondent Hernandez's Certificate of Registration No. PT10671 is hereby revoked. However, the revocation is stayed immediately and Certificate of Registration No. PT10671 placed on probation for one (1) year from the date of entry of Order.

a. Respondent Hernandez shall pay fines of eight hundred dollars ($800) for violations of duties as a pharmaceutical technician by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

b. Respondent Hernandez shall pay for her portion of attorney's fees and investigative costs of two hundred forty-six dollars and twelve cents ($246.12) by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

c. Upon successful completion of one year probation with no further violations of federal or state law pertaining to the practice of pharmacy, then Respondent Hernandez's Certificate of Registration No. PT10671 shall be fully restored.

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5. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next scheduled Board meeting for hearing. If the show cause hearing results in a finding of a violation of this Order by any Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639.

6. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 14th day of July, 2021.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JUN 02 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIRECT COMPOUNDING AND OUTSOURCING, LLC, Pharmacy License No. PH04006,

SCOT SILBER, RPH, Certificate of Registration No. 08362,

MICHAEL THOMAS, PT Certificate of Registration No. PT05905,

KRYSTAL HERNANDEZ, PT Certificate of Registration No. PT10671,

Respondents.

CASE NO. 19-070-PH-S
19-070-RPH-S
19-070-PT-A-S
19-070-PT-B-S

AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both an amended notice of intended action under NRS 233B.127(3) and as an amended accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Direct Compounding and Outsourcing, LLC ("Direct") held a Nevada Pharmacy License No. PH04006; Respondent Scot Silber ("Silber") held a Nevada Pharmacist Certificate of Registration No. 08362; Respondent Michael Thomas ("Thomas") held a Nevada Pharmaceutical Technician Registration No. PT05905; and Krystal Hernandez ("Hernandez") held a Nevada Pharmaceutical Technician Registration No. PT10671, all issued by the Board.

DISCIPLINARY HISTORY

2. In April 2004, the Board entered an Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 03-016-RPH-S,* for violations resulting in the mislabeling of dosage directions on a prescription label for Roxanol Liquid, a Schedule II opioid analgesic. The patient ingested an unknown quantity of the medication and was subsequently hospitalized. The Board ordered Silber to pay a fine of $500.00.

3. In October 2012, the Board entered a Stipulation and Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 11-090-RPH-S,* for violations resulting in a dispensing error. Silber misread a prescription and compounded 20 mg/cc morphine sulfate with ***2,500 mcg/cc baclofen*** rather than the 20 mg/cc morphine sulfate with ***250.0 mcg/cc baclofen*** as prescribed. The compound was administered to the patient who was subsequently hospitalized for baclofen toxicity. The Board placed Silber on probation for two years and imposed a $2,500 fine.

FACTUAL ALLEGATIONS

4. Respondent Direct is located on 1850 Whitney Mesa Boulevard, #180, Henderson, Nevada 89014. On April 4, 2019, pharmacist T.B., was terminated as managing pharmacist of Direct. Direct did not timely notify the Board about the change in managing pharmacist.

5. Respondent Silber was hired as the managing pharmacist of Direct beginning on or about April 22, 2019. However, on or about April 18, 2019, Respondent Silber supervised and signed off as the pharmacist for Respondent Direct on one 100 batch yield of Oxandrolone 25 mg capsule, and one 30 batch yield of Testosterone Cypionate (6 ml vial) 200 mg/ml injectable.

6. Respondents Thomas and Hernandez were employed by Direct during the times alleged.

7. On or about April 4, 2019, Thomas was contacted by Ellie Gerber ("Gerber"), one of the managing members/owners of Direct, to meet the locksmith at Direct to re-key the

pharmacy door. Thomas was given three (3) sets of keys to Direct's pharmacy by the locksmith. Hernandez received a key to Direct on April 8, 2019.

8. Between April 4 and April 22, 2019, Thomas and/or Hernandez had unauthorized access to Direct's controlled substances and dangerous drugs inventory without a pharmacist present.

APPLICABLE LAW

9. Each pharmacy must be managed by a registered pharmacist in compliance with NRS 639.220. Failure to place a registered pharmacist in charge of a pharmacy is a criminal offense. NRS 639.284.

10. The security of a pharmacy premises and inventory must be maintained in conformance with federal and state law. NAC 639.470; NAC 639.520; 21 CFR § 1301.71.

11. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

12. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230(5); NAC 639.702; NAC 639.945(2).

13. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(11) if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs.

15. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(12) if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy.

16. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

FIRST CAUSE OF ACTION
Violations of Law and Unprofessional Conduct
(Respondent Silber)

17. As a registered pharmacist and/or supervising pharmacist acting on behalf of Direct on or about April 18, 2019, Silber knew or should have known that Thomas and Hernandez were unlawfully accessing Direct's premises, including the pharmacy, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220(1), NAC 639.470, NAC 639.520, NAC 639.702, and/or 21 CFR § 1301.71, performed his duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Violations of Law and Unprofessional Conduct
(Respondents Thomas and Hernandez)

18. By knowingly accessing Direct's premises without a pharmacist present, Thomas and Hernandez violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.520, performed their duties as pharmaceutical technicians in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

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THIRD CAUSE OF ACTION
Failure to Place Managing Pharmacist in Charge
(Respondent Direct)

19. By failing to place a managing pharmacist in charge of the pharmacy April 4 and April 22, 2019, and failing to timely notify the Board of a change in managing pharmacists, Direct violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220 and/or NRS 639.284(1), and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Maintain Security of the Pharmacy Premises
(Respondent Direct)

20. By failing to maintain the security of the pharmacy premises and inventory and granting unlawful access to Thomas and Hernandez to Direct, Direct violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.470, NAC 639.520, and/or 21 CFR § 1301.71, and is subject to discipline pursuant to NRS 639.210(11) and (12), and/or NRS 639.255.

FIFTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Direct)

21. As the owners/operators of Direct at the time of each of the violations alleged herein, Direct is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and/or NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 2nd day of June, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIRECT COMPOUNDING AND OUTSOURCING, LLC,** **Pharmacy License No. PH04006,** **Respondent.**	**CASE NO. 19-070-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 14, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of June, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIRECT COMPOUNDING AND OUTSOURCING, LLC, Pharmacy License No. PH04006,** **Respondent.**	**CASE NO. 19-070-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2021.

_____
TYPE OR PRINT NAME

_____
AUTHORIZED REPRESENTATIVE FOR DIRECT COMPOUNDING AND OUTSOURCING, LLC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

PH0040006

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH C04006
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Direct Compounding, LLC

Physical Address: 1850 Whitney Mesa Dr, Suite 180

City: Henderson State: NV Zip Code: 89014

Telephone: 702-877-0703 Fax: 702-342-0335

Toll Free Number: 888-341-0157 E-mail: egerber@directcompounding.com

Website: _____

Managing Pharmacist: Tim Brown License Number: 13529

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds ____)	☐	☐ Parenteral
☐	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☐	☐ Mail Service
☐	☐ Community	☐	☐ Long Term Care
☒	☐ Other: Compounding	☐	☐ Sterile Compounding
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding
	For the application to be complete	☐	☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ellie Gerber
Print Name of Authorized Person

2/4/2018
Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: - NA -

Mailing Address: 1850 Whitney Mesa Dr, Suite 180

City: Henderson State: NV Zip: 89014

Telephone: 702-877-0703 Fax: 702-342-0335

Contact Person: Alie Gerber or Timothy Brown

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Alicia Smith (Name) 1850 Whitney Mesa Dr, Suite 180 Henderson NV 89014 (Business Address)

b) Ellie Gerber (Name) 1850 Whitney Mesa Dr, Suite 180, Henderson NV 89014 (Business Address)

c) David Smith (Name) 1850 Whitney Mesa Dr, Suite 180, Henderson NV 89014 (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 500

3) What was the price paid per share? @ PAR VALUE

List any physician shareholders and percentage of ownership.

Name: David Smith %: 10%

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday - am - pm

Sunday - am - pm 24 Hours -

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, David J Smith

Responsible Person of Direct Compounding and Outsourcing

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

David J Smith

Original Signature, no stamps or copies

11/8/2017

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Timothy Brown License #: 13529

Pharmacy Name: Direct Compounding

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. been the subject of an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 2011 Case #: 11-092C-RPH-S

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature, no stamps or copies

10/4/2017
Date

NAC
NRS 639.765

DIRECT
compounding

FEB 13 2018

February 2, 2018

Nevada Board of Pharmacy
Attention: Dave Wuest, Paul Edwards, Candy

To Whom it May Concern,

We are requesting to be put back on the agenda for the March meeting. We were on the January meeting and were advised to restructure our ownership in the corporation. We have consulted a Nevada attorney and have completed the restructuring of ownership.

Please let me know if you need anything further.

Ellie Gerber
COO

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: David James SMITH

Address: [redacted] Camino Del Rio South Ste. [redacted] San Diego CA 92108

Phone: [redacted]

License Information

License Type: Medical Doctor

License Number:

Status: Pending

Issue Date:

Expiration Date:

Scope of Practice

Scope of Practice: Physical Medicine / Rehab

Education & Training

School:	Northwestern University SOM / Chicago, IL
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	3/25/1988
Scope of Practice:	

School:	Univ of California VA Med Ctr / Los Angeles, CA
Degree\Certificate:	Internship
Date Enrolled:	6/24/1988
Date Graduated:	6/23/1989
Scope of Practice:	Internal Medicine

School:	Univ of California VA Med Ctr / Los Angeles, CA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1989
Date Graduated:	6/30/1992
Scope of Practice:	Physical Med/Rehab

School:	Physical Med/Rehab
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	5/19/1993
Scope of Practice:	Physical Med/Rehab

School:	Physical Med/Rehab
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	7/1/2003
Scope of Practice:	Physical Med/Rehab

School:	Physical Med/Rehab
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	7/1/2013
Scope of Practice:	Physical Med/Rehab

CURRENT EMPLOYMENT
STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

NONE

Board Actions

NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

INITIAL/ANNUAL LIST OF MANA[illegible]RS OR MANAGING MEMBERS AND [illegible]ATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

DIRECT COMPOUNDING AND OUTSOURCING, LLC

E0279102017-0

NAME OF LIMITED-LIABILITY COMPANY

100403

FOR THE FILING PERIOD OF JUN, 2017 TO JUN, 2018

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of $150.00. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is $200.00. Effective 2/1/2010, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional $30.00 per certification. A **copy fee of $2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of	Document Number
Barbara K. Cegavske	**20180064218-52**
Barbara K. Cegavske	Filing Date and Time
Secretary of State	**02/09/2018 8:22 AM**
State of Nevada	Entity Number
	E0279102017-0

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: $150.00 LATE PENALTY: $75.00 (if filing late) **BUSINESS LICENSE FEE:** $200.00 LATE PENALTY: $100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ☐

NRS 76.020 Exemption Codes
001 - Governmental Entit
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME				
ELLIE GERBER	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	
[redacted]MADIERA DR	OCEANSIDE	CA	92056	
NAME				
DAVID SMITH	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	
[redacted]CAMINO DEL RIO S. STE 210	SAN DIEGO	CA	92108	
NAME				
ALICIA SMITH	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	
1850 WHITNEY MESA DR. SUITE 180	HENDERSON	NV	89014	
NAME				
	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X LEAH A MARTIN

Signature of Manager, Managing Member or Other Authorized Signature

Title ATTORNEY

Date 2/9/2018 8:22:41 AM

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Leah Martin
Leah A. Martin, Esq., P.C.
6671 S. Las Vegas Blvd Suite D-210
Las Vegas, NV 89119

Job:C20180209-0167
February 9, 2018

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Amended List	20180064218-52	2/9/2018 8:22:43 AM	1	$150.00	$150.00
Total					$150.00

Payments

Type	Description	Amount
Credit	009651|518193359556685300309l	$150.00
Total		$150.00

Credit Balance: $0.00

Job Contents:
File Stamped Copy(s): 1

Leah Martin
Leah A. Martin, Esq., P.C.
6671 S. Las Vegas Blvd Suite D-210
Las Vegas, NV 89119

Direct Compounding Facility Representative

Ellie Gerber [egerber@directcompounding.com]
Sent: Friday, January 19, 2018 9:38 PM
To: Pharmacy Board; Paul Edwards
Attachments: TimBrownPermissions.docx (813 KB)

Please see the attached letter that verifies that Timothy Brown (PIC) is able to speak on behalf of Direct Compounding. Please let me know if there is anything further needed.

Thank you,
Ellie

--



Ellie Gerber
C: 760-500-0271

DIRECT
compounding

January 15, 2018

Nevada Board of Pharmacy
Attention: Dave Wuest, Paul Edwards

To Whom it May Concern,

This letter is providing verification that Timothy Brown is the acting Pharmacist In Charge and Facility Director for Direct Compounding. Tim is able to make decisions and provide information for the corporation.

Please let me know if you need anything further.

Ellie Gerber
COO

9B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION
Non-Refundable $200 fee
Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 3365 E FLAMINGO ROAD Suite #: 2

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-457-3888 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
NV State Board MD	N.V	12/3/2021	21-41427-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — 02/07/2022

Print Name (First, Last) — Date

02/07/2022

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4457

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Victor M. Muro, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

December 9, 2021

Sherman Washington, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Suite M
North Las Vegas, NV 89030

Re: Compliance Case #21-41427-1

Dear Dr. Washington:

On December 3, 2021, the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 21-41427-1 finding the following:

- Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

As a result the Board entered its **ORDER** as follows:

- Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement;
- Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days;
- Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48);
- Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months;
- Respondent shall receive a Public Letter of Reprimand;
- The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

Your compliance with the terms and conditions pertaining to **CME's** will be monitored by Johnna S. LaRue, CMBI, Compliance Officer. Please contact me at (775) 324-9377 for any questions or concerns regarding CME's.

Your compliance with the terms and conditions pertaining to **Administrative Costs and Fines** will be monitored by Donya Jenkins, Finance Manager. Please contact Ms. Jenkins at (775) 324-9354 for any questions or concerns regarding payment of costs and fines. Please make note of the Board's new policies for making payments, credit cards, cashier's checks and money orders are the only form of payment accepted.

Included in the Order are mandatory actions that you must fulfill some of which include:

1.) The fine in the amount of $5,000 is due by February 1, 2022.

2.) The costs in the amount of $2,142.48 are due by February 1, 2022.

3.) The 22 hours of CME on ethics and professionalism, must be completed by June 3, 2022. Please keep in mind that the CME must be pre-approved so you must submit to me a synopsis of the CME well in advance of the due date. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

4.) Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months. **Completion Date: December 3, 2023** During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

Please contact me, in writing **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jlarue@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,

Johnna S. LaRue, CMBI
Compliance Officer/Deputy Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 324-9377

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SHERMAN WASHINGTON, JR., M.D.** Holder of License No. 48291 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-19-1137A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Sherman Washington, Jr., M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 48291 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-19-1137A after receiving notification of a disciplinary action alert ("DAR") that the Virginia Board of Medicine ("Virginia Board") had reprimanded Respondent's Virginia medical license.

4. Effective November 14, 2019 Respondent entered into a Consent Order with the Virginia Board that issued Respondent's Virginia medical license a Reprimand and Monetary Penalty of $1500.00. The Virginia Board found that Respondent issued Schedule IV medications to six patients without a properly established physician-patient relationship. Additionally, the Virginia Board found that Respondent willfully refused to provide records for the six patients at issue despite repeated requests by Virginia Board staff. On January 15, 2020 the Virginia Board issued Respondent a letter of compliance and closed the case.

5. On November 22, 2019 the North Dakota Board of Medicine ("North Dakota Board") issued an Order pursuant to a Stipulation that required Respondent to complete an intensive, in-person medical recordkeeping course. The North Dakota Board found that a patient received medication in the mail from a compounding pharmacy in Texas that had been prescribed by Respondent. The patient did not have a prior physician-patient relationship with Respondent and had never met or spoken to prior to receiving the medication. Respondent failed to respond to the North Dakota Board's request for the patient's medical records.

6. On January 28, 2020 The Washington Medical Commission ("Washington Board") entered Findings of Fact, Conclusions of Law and Final Order of Default against Respondent's Washington medical license after Respondent failed to respond to an investigation into Respondent's prescribing practices ("Default Order").

7. On February 14, 2020 the Virginia Board issued an Order of Mandatory Suspension on Respondent's Virginia medical license based on the Washington Board's Default Order.

8. On March 6, 2020, The Colorado Medical Board ("Colorado Board") issued Respondent's Colorado medical license a Letter of Admonition based on the Virginia and North Dakota Board actions.

9. On March 16, 2020, The Pennsylvania State Board of Medicine ("Pennsylvania Board") issued an order reprimanding Respondent's expired Pennsylvania medical license based on the Virginia Board's action.

10. On July 16, 2020, the Washington Board entered into a Stipulation to Informal Discipline with Respondent to resolve the investigation ("Washington Stipulation"). The Washington Stipulation described allegations that Respondent prescribed medication to at least six patients without examining the patients or otherwise establishing a proper

physician-patient relationship. The Washington Stipulation required Respondent to complete terms and conditions including Continuing Medical Education ("CME") in ethics and submission of a remedial essay on issues relevant to the investigation.

11. On December 30, 2020 the Florida Board of Medicine ("Florida Board") issued a Final Order suspending Respondent's Florida medical license and requiring payment of an administrative fine. The Florida Board's Final Order arose out of a reciprocal investigation regarding the Washington Board's action, and Respondent's failure to report the Washington Board's Default Order indefinitely suspending his Washington medical license.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(p) ("Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. PBI Ethics Course

Respondent shall within 6 months of the effective date of this Order, complete the Medical Ethics and Professionals Course (ME-15) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. Respondent shall sign any and all consents or releases necessary to allow for PBI to communicate to the Board directly and furnish PBI's "AIR" Letter after completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Respondent shall not revoke any release prior to successful completion of the CME and maintenance and accountability seminars.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to

determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 24th day of August, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent

are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

SHERMAN WASHINGTON, JR., M.D.

DATED: 7/13/2021

EXECUTED COPY of the foregoing mailed this 24th day of August, 2021 to:

Sherman Washington, Jr., M.D.
Address of Record

ORIGINAL of the foregoing filed this 24th day of August, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rodes
Board staff

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

March 6, 2020

Sherman Washington, M.D.

Re: License Number: DR. 0054185
Case Number: 2019-8449-B

Dear Dr. Washington,

The Colorado Medical Board has concluded its inquiry into the aforementioned matter. It was the Panel's decision not to commence with formal proceedings against your professional license. However, the Panel did determine disciplinary action in the form of this letter of admonition is warranted.

As you recall, in October 2019, you entered into a stipulation with the North Dakota Medical Board regarding your license to practice medicine. In the stipulation, you admitted to prescribing medications to an individual with whom you did not have a physician-patient relationship and failing to maintain medical records. The North Dakota Medical Board required you to take a medical recordkeeping course. In November 2019, you entered into a consent order with the Virginia Board of Medicine in which you were reprimanded and assessed a fine. The consent order was based on your prescribing of Schedule VI medications outside the context of a physician-patient relationship.

After a review of all the information in this matter, the Panel found that you are prescribing to individuals without establishing a physician-patient relationship fell below generally accepted standards of medical practice and resulted in discipline in two other states, constituting unprofessional conduct in violation of section 12-240-121 of the Colorado Revised Statutes.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Medical Practice Act requirements and obligations for the practice of medicine in Colorado.

In accordance with 12-20-404(4)(b), the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Paula Martinez, Program Director, at the email address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional physician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_medicalboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E Martinez

Paula E. Martinez
Program Director

PEM/bvm

Please complete a short survey at **https://www.surveymonkey.com/r/B5JR27T** regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

Notice

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Department of Health

SHERMAN WASHINGTON JR

License Number: ME114302

Data As Of 3/29/2022

Profession	Medical Doctor
License	ME114302
License Status	DELINQUENT/
License Expiration Date	1/31/2021
License Original Issue Date	10/02/2012
Address of Record	2900 North Green Valley Pkwy Suite 114 HENDERSON, NV 89012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
NOV 18 2021
DOCKET NUMBER: 20220043

IN THE MATTER OF:	)	
	)	
SHERMAN WASHINGTON, JR., M.D.,	)	DOCKET NO. _____
License Number 70940,	)	
	)	
Respondent.	)	

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SHERMAN WASHINGTON, JR., M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least six of such individuals resided in the State of Georgia. Specifically:

Patient C.B.

3.

On and between March 10, 2017, and April 25, 2017, Respondent prescribed Patient C.B. ten (10) medications without performing an in-person examination nor performing an

21-104 Georgia Discipline

examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 10, 2017, Respondent prescribed Diclofena Sodium 3% Gel, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to C.B.;
- On March 30, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B.;
- On April 3, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to C.B.;
- On April 19, 2017, Respondent prescribed Diclofenac Sodium 3% Gel and Lidocaine 5% Ointment to C.B.;
- On April 25, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B..

4.

Patient M.B.

On and between June 16, 2017, and August 28, 2017, Respondent prescribed Patient M.B. with six (6) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On June 16, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to M.B.;
- On June 24, 2017, Respondent prescribed Calcipotriene 0.005% Cream and Fluocinonide 0.1% Cream to M.B.;
- On July 14, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 7, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 28, 2017, Respondent Prescribed Fluocinonide 0.1% Cream to M.B..

5.

Patient M.B.

On and between March 17, 2017, and October 18, 2017, Respondent prescribed Patient M.B. with fourteen (14) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;

- On March 23, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On April 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On May 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On June 22, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On August 1, 2017, Respondent prescribed Allzital 25-325 MG Tablet and Fluocinonide 0.1% Cream to M.B.;
- On August 17, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;
- On October 2, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On October 18, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.

6.

Patient D.P.

On August 15, 2017, Respondent prescribed Patient D.P. with four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On August 15, 2017, Respondent prescribed Calcipotriene 0.005% Cream, Doxepin 5% Cream, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to D.P.

7.

Patient S.W.

On and between July 19, 2017, and January 4, 2018, Respondent prescribed Patient S.W. with sixteen (16) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On July 19, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;
- On August 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On August 11, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On August 14, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;

- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On September 15, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On September 23, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On October 23, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On November 2, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On November 7, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On November 29, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On December 5, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On December 26, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On January 4, 2018, Respondent prescribed Calcipotriene 0.005% Cream to S.W.

8.

Patient K.W.

On and between March 9, 2017, and June 2, 2017, Respondent prescribed Patient K.W. four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 9, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On April 7, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On May 5, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On June 2, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.

9.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

10.

Respondent was also licensed as a physician in the Commonwealth of Virginia. On or about November 12, 2019, Respondent entered into a Consent Order with the Virginia Board of

Medicine (Case No. 187506) based, in part, on allegations of prescribing medications without ever performing examinations. Under the terms of the Consent Order Respondent was reprimanded and assessed a One Thousand Five Hundred dollar ($1,500.00) monetary penalty. On or about February 14, 2020, Respondent's license to practice medicine and surgery in the Commonwealth of Virginia was mandatorily suspended based, in part, on allegations of Respondent's failure to respond (Case No. 202478).

11.

Respondent is also licensed as a physician in the State of North Dakota. On or about November 22, 2019, Respondent entered into a Stipulated Order with the North Dakota Board of Medicine, based, in part, on allegations of prescribing medications without a physician-patient relationship. Under the terms of the Stipulation, Respondent had to complete a course in keeping medical records and Respondent paid costs and attorney's fees incurred by the Board. Respondent successfully completed the North Dakota Stipulated Order in or around July, 2020.

12.

Respondent is also licensed as a physician in the State of Washington. On or about July 16, 2020, Respondent stipulated to an informal disposition with the State of Washington Medical Commission, (No. M2019-234) based, in part, on allegations of improper prescribing through telemedicine companies. Under the terms of the stipulation Respondent was required to complete "Compliance Orientation," review the Medical Commission's Telemedicine Guideline, complete a course in medical ethics, write an authoritative paper on the importance of forming a physician-patient relationship, and personally appear before the Commission.

13.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who has had disciplinary action taken against him or her by any such lawful licensing authority other than the Board.

14.

Respondent agrees to the above findings of facts and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within ninety (90) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of three thousand dollars ($3,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303, to the attention of the Executive Director. Failure to pay the entire amount within (30) days of the effective date of this Consent Order shall be considered a

violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands

its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

(Signatures on the following page)

Approved this 18th day of November, 2021.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: _____
Despina Dalton, M.D.
Chairperson

ATTEST: _____
~~LASHARN HUGHES, MBA~~ Jonathan McGehee
Executive Director, Interim

CONSENTED TO: _____
SHERMAN WASHINGTON, JR., M.D.
Respondent

AS TO THE SIGNATURE OF
SHERMAN WASHINGTON, JR., M.D.:
Sworn to and subscribed before me
This, 5 day of October 2021.

_____
NOTARY PUBLIC
My Commission Expires: Feb 1, 2025

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
DISCIPLINARY ACTION REPORT
Orders served from 11/15/2021 through 11/19/2021

Profession/Name	License Number	Effective Date/Action	Basis for Action
Chiropractic			
CHARLES ARTHUR JACKSON, D.C. Grand Blanc, MI	2301003001	12/10/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Sexual Misconduct; Lack of Good Moral Character; Negligence; Incompetence
Chiropractic			
ALLAN ANDREW CLAYTON SCHWALM, D.C. Clinton Township, MI	2301005158	12/17/2021 Fine Imposed; Suspended	Alcohol Related Conviction; Failure to Report or Comply; Fraud or Deceit in Obtaining/Renewing License
Medicine			
HO DZUNG ANH, M.D. San Francisco, CA	4301111145	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine			
THEODOR ASGEIRSSON, M.D. Wyoming, MI	4301091655	12/17/2021 Fine Imposed; Probation; Reprimanded	Incompetence; Negligence
Medicine			
PAULDEEP BAHRA, M.D. Dallas, TX	4301100210	12/17/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Medicine			
JOHN KAZIMIERZ BARTNIK, M.D. Saginaw, MI	4301062933	12/17/2021 Fine Imposed	Negligence; Technical Violation of the Michigar PHC
Medicine			
GLENN D BAUER, M.D. Waterford, MI	4301407255	12/17/2021 Fine Imposed	Incompetence; Negligence
Medicine			
NATHAN BINING, M.D. Livonia, MI	4301071275	12/17/2021 Fine Imposed; Probation	Negligence
Medicine			
CHRISTOPHER YON CHANG, M.D. Hazel Park, MI	4301052042	12/17/2021 Fine Imposed; Voluntarily Surrendered	Incompetence; MAPS Violation; Negligence

Profession/Name	License Number	Effective Date/Action	Basis for Action
Medicine DANIEL PHILIP ELSKENS, M.D. Sandusky, OH	4301406954	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN FREDERICK HARB, M.D. Livonia, MI	4301061957	12/17/2021 Fine Imposed; Probation	Technical Violation of the Michigar PHC
Medicine MAHESH KARANDIKAR, M.D. Flint, MI	4301117240	12/17/2021 Fine Imposed	Fraud or Deceit in Obtaining/Renewing License; Sister State Disciplinary Action
Medicine KIARASH MIRKIA, M.D. Las Vegas, NV	4301501163	12/17/2021 Fine Imposed; Limited / Restricted	Failure to Report or Comply; Sister State Disciplinary Action
Medicine MADHU AJIT SUBNANI, M.D. Imlay City, MI	4301055014	12/17/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Incompetence; Lack of Good Moral Character; MAPS Violation; Negligence-Impaired Conduct, Practice, or Condition; Unauthorized Prescribing
Medicine VISHAL VERMA, M.D. San Diego, CA	4301095272	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine SHERMAN WASHINGTON, M.D. Henderson, NV	4301119275	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Nursing NANCY ANN BASKERVILLE, R.N. Canton, MI	4704187173	12/12/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Nursing CHRISTOPHER JOHN BAUER, R.N. Royal Oak, MI	4704310010	12/12/2021 Fine Imposed; Probation Upon Reinstatement; Suspended	Impaired Conduct, Practice, or Condition; Mental/Physical Inability to Practice; Substance Use Disorder
Nursing JENNIFER JEAN BAUMGART, R.N. Saint Clair Shores, MI	4704226627	12/12/2021 Fine Imposed; Probation	Continuing Education

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**COMPLAINT**
Sherman Washington Jr., M.D.,	)	
Respondent.	)	

COMES NOW, the Complainant, North Dakota Board of Medicine – Investigative Panel B, and for its Complaint against the Respondent, Sherman Washington Jr., M.D., alleges and states as follows:

I.

Investigative Panel B of the North Dakota Board of Medicine ("Board") is authorized pursuant to N.D.C.C. Chapter 43-17.1 to conduct investigations related to the practice of any physician licensed to practice in this state and file a formal complaint against any licensed physician with the Board of Medicine.

II.

Sherman Washington Jr., M.D., is a physician licensed to practice medicine in the State of North Dakota.

FACTS

III.

At all times mentioned herein, Respondent was an emergency medicine physician but mostly practiced medicine online.

IV.

On September 5, 2018, Patient A received a package in the mail containing several medications that were prescribed to her by Respondent and filled at McClure's Compounding Pharmacy in Texas. Patient A has never had a physician-patient relationship with Respondent and has never met or spoken to Respondent. Thus, Respondent prescribing any medications to Patient A is inappropriate. A request for records for the treatment of Patient A was made to Respondent and no records were received. Thus, Respondent is subject to disciplinary action pursuant to the provisions of N.D.C.C. § 43-17-31 based upon Respondent's violations of the North Dakota Medical Practice Act by: (1) performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public N.D.C.C. § 43-17-31(1)(f).; and (2) lacking appropriate documentation in medical records for diagnosis, testing and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

V.

WHEREFORE, Complainant respectfully requests Respondent, Sherman Washington, Jr., M.D., be disciplined for his violations of N.D.C.C. § 43-17-31 and seeks an appropriate sanction(s) for those violations as authorized by N.D.C.C. § 43-17-30.1. Complainant also respectfully requests that the Board be awarded its costs and attorney's fees in having to bring this action pursuant to N.D.C.C. § 43-17-31.1.

NOTICE: Respondent must answer this Complaint within twenty days after service of the complaint or the allegations may be deemed admitted and may result in a default order revoking the subject's license. Such answer must be served in the manner allowed for service under the North Dakota Rules of Civil Procedure.

Dated this 29th day of April, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
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Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine– Investigative Panel B, Complainant, vs. Sherman Washington Jr., M.D., Respondent.	)	**STIPULATION**

WHEREAS, Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, the Respondent admits service of the Summons and Complaint dated April 29, 2019 and admits the allegations contained in the Complaint are true and that such actions are a violation of the Medical Practice Act and are grounds for discipline pursuant to N.D.C.C. § 43-17-31.

1. The Respondent hereby waives any procedural irregularity herein and his right to a hearing on the Complaint now pending in this action;

2. Respondent agrees he must successfully complete the following course within six (6) months from the date of the Board's Order approving of this Stipulation:

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a. Medical Records Keeping Course through the Center for Personalized Education for Physicians.

b. Respondent will provide proof of successful completion of said course to the Board. Respondent will also be fully responsible for the costs of said course.

c. If Respondent fails to successfully complete the above described course within six (6) months from the date of the Board's Order approving of this Stipulation, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.

3. Respondent shall be responsible for paying the costs and attorney's fees incurred by the Board in the investigation and prosecution of this action in an amount not to exceed $2,000.00. The Board will notify the Respondent of any such costs within a reasonable time after the Stipulation is approved by the Board and Respondent shall make payment within (30) days from receiving such notification.

4. If Respondent shall fail, neglect, or refuse to fully comply with any of the terms, provisions, or conditions herein, the Respondent's license to practice medicine in state of North Dakota shall be immediately suspended in accordance with the law.

5. In the event the Board, in its discretion, does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation, and if this case proceeds to a hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

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6. This agreement for the disposition of the above-entitled contested case is a matter of public record and the obligations of the Board with respect thereto shall be governed by the laws of North Dakota and current Board policy.

7. All parties hereto recognize the Board representatives who have engaged in discussions relative to an agreed disposition of this matter can only make recommendations to the North Dakota Board of Medicine, which recommendations can in no way be considered as binding upon the full membership of the Board who would ultimately decide the pending contested case, and this agreement is subject to acceptance by the full membership of the Board.

8. Respondent understands he has the right and has been afforded the opportunity to have this agreement reviewed by an attorney, and that in the event he chooses to execute this document without taking the opportunity to avail himself of this right, such failure shall be deemed to be a waiver of such right.

9. Respondent specifically waives any claim that any disclosures made to the full membership of the Board for the purposes of consideration of this agreement have prejudiced his right to a fair and impartial hearing in the event that this agreement is not accepted by the full Board and if further proceedings ensue.

10. Respondent further agrees there have been no inducements, threats or promises made in order to obtain his entry into this agreement.

11. The parties further agree that all statements contained herein are based upon the facts known to the Board on the date of execution of this agreement.

Dated this 28 day of October, 2019.

Sherman Washington, Jr., M.D.

Dated this 29th day of October, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
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Attorney for: North Dakota Board of Medicine – Investigative Panel B

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BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**ORDER**
Sherman Washington, Jr., M.D.	)	
Respondent.	)	

*** *** ***

WHEREAS, Investigative Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint against Respondent requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, Respondent acknowledged the allegations contained in the Complaint were true and subjected him to discipline;

WHEREAS, Respondent and Investigative Panel B have entered into a Stipulation dated October 29, 2019;

WHEREAS, the North Dakota Board of Medicine finds the terms of the Stipulation are an appropriate disposition of this case;

IT IS HEREBY ORDERED THAT:

1. The Board will enter an Order requiring Respondent to complete the Medical Records

Keeping Course through the Center for Personalized Education for Physicians. Said course must be completed within six months from the date of this Order. Respondent is solely responsible for the costs of this course and must provide proof of completion of this course to the Board.

2. If Respondent fails to successfully complete the above described course within six (6) months from the date of this Order, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.
3. Respondent shall be required to pay the costs of the prosecution of this action not to exceed $2,000. Once notified of the costs of the investigation, Respondent is required to pay said costs within thirty (30) days or make other payment arrangements with the Board.

This Order is effective this 22nd day of November, 2019.

NORTH DAKOTA BOARD OF MEDICINE

Rup. K. Nagala. MD

Rupkumar Nagala, M.D.
Chairman

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D., Respondent.**	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

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[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

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23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745[4];

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[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address,

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . . (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
>
> (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ..(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: SHERMAN WASHINGTON, M.D, Respondent.	Case No. 21-41427-1

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. Jurisdiction. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. Representation by Counsel/Knowing, Willing and Intelligent Agreement. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. Waiver of Rights. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

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10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September, 2021.

By: _____

SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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Ohio | eLicense Ohio Professional Licensure

License Look Up

3/22/2022 2:34 PM

Sherman Washington Jr.

Status	Closed
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.123613
License Issue Date	05/16/2014
License Expiration Date	10/01/2021
License Effective Date	09/30/2019
City	North Las Vegas
State	NV
Country	United States
Board Action	Yes

Board Action Details 08/11/2021 BOARD ORDER - License to practice medicine and surgery revoked. Based on the finding that the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Order effective 8/12/21. (Journal Entry-No Hearing Requested).

10/14/2020 CITATION - Based on the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, which would individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or

21-104 Ohio Discipline

issuance of an order of censure or other reprimand. Notice of Opportunity for Hearing mailed 10/15/2020.

08/31/2020 DISMISSAL OF CITATION - The notice of opportunity for a hearing issued on 6/10/2020 is dismissed without prejudice, based on the Board having received information indicating that the Washington Medical Commission Order had been vacated. Dismissal effective 08/31/2020.

06/10/2020 CITATION - Based on a prior action by the State of Washington Medical Commission, which issued a 1/28/2020 Findings of Fact, Conclusions of Law, and Final Order of Default, that indefinitely suspended the doctor's license; which as alleged individually and/or collectively, constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Notice of opportunity for a hearing mailed 6/11/2020.
Current date & time: **3/22/2022 2:34 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
v.	:	**Case No. 19-49-017073**
Sherman Washington, M.D. Respondent	:	

FINAL ORDER ADOPTING HEARING EXAMINER'S ADJUDICATION AND ORDER

AND NOW, this 5th day of May 2020, noting that neither party filed an application for review and that the State Board of Medicine (Board) did not issue a Notice of Intent to Review, in accordance with 1 Pa. Code § 35.226(a)(3) and 49 Pa. Code § 16.57, the hearing examiner's adjudication and order dated February 24, 2020, appended to this order as **Attachment A**, is now the **FINAL ORDER** of the Board in this proceeding.

This order is retroactive to March 16, 2020, twenty days from the date of mailing of the Hearing Examiner's Adjudication and Order.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

K. KALONJI JOHNSON
ACTING COMMISSIONER

STATE BOARD OF MEDICINE

KEITH E. LOISELLE
CHAIR

Respondent's Address:

9171 9690 0935 0227 2230 50

Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:

Keith E. Bashore, Esquire

Prothonotary Filed On:
May 05 2020 03:23 PM
Department of State

21.1N1 Pennsylvania Discipline.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	File No. 19-49-017073
v.	:	
Sherman Washington, M.D., Respondent	:	

ADJUDICATION AND ORDER

Hope S. Goldhaber
Hearing Examiner

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 772-2686

2/24/20

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HISTORY

This matter comes before a hearing examiner for the State Board of Medicine ("Board") on the Commonwealth's filing of a single count *Order to Show Cause* ("*OTSC*") on November 25, 2019, against Sherman Washington, M.D. ("Respondent"). In this single count, the Commonwealth charged that Respondent is subject to disciplinary action under section 41(4) of the Medical Practice Act of 1985,[1] 63 P.S. § 422.41(4), because the Virginia Board of Medicine ("Virginia Board") took disciplinary action against Respondent's Virginia medical license on or about November 14, 2019.

On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. The *OTSC* that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[2] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. Hence, the Commonwealth accomplished service of its *OTSC* in accordance with the requirements of the General Rules of Administrative Practice and Procedure ("GRAPP"), 1 Pa. Code § 31.1 *et seq.*, at 1 Pa. Code § 33.31.[3]

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[1] Act of December 20, 1985, P.L. 457, No. 112, *as amended*, 63 P.S. §§ 422.1-422.51a.

[2] The recipient's signature is illegible.

[3] **Section 33.31. Service by the agency.**

> Orders, notices and other documents originating with an agency, including forms of agency action, complaints and similar process and other documents designated by the agency for this purpose, shall be served by the office of the agency by mail, except when service by another method shall be specifically required by the agency, by mailing a copy thereof to the person to be served, addressed to the person designated in the initial pleading or submittal at his principal office or place of business. If service is not accomplished by mail, it may be effected by anyone authorized by the

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The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. Respondent was also advised that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. Respondent did not file an answer to the *OTSC*.

On December 31, 2019, the Commonwealth filed a *Motion to Deem Facts Admitted and Enter Default* ("*MDFA*"). The *MDFA* was mailed to Respondent on December 31, 2019, by first class mail, postage prepaid, at 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* had been served. Respondent did not file a response to the *MDFA*.

On January 21, 2020, an *Order Granting Commonwealth's Motion to Deem Facts Admitted and Enter Default* ("*MDFA Order*") was issued on grounds that Respondent received the *OTSC* but failed to file an answer as required. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* and *MDFA* had been served. The *MDFA Order* was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent.

Pursuant to section 35.37 of GRAPP, 1 Pa. Code § 35.37,[4] the *MDFA Order* advised

agency in the manner provided in 231 Pa. Code Rules 400—441 (relating to service of original process).

1 Pa. Code § 33.31.

[4] § 35.37. Answers to orders to show cause.

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Respondent that he was in default of filing an answer and that the factual allegations in the *OTSC* were deemed admitted. The *MDFA Order* also advised Respondent that an Adjudication and Order would be issued in due course. To date, Respondent has not responded to either the *OTSC* or the *MDFA*.

This matter is now ripe for disposition.

A person upon whom an order to show cause has been served...shall, if directed so to do, respond to the same by filing within the time specified in the order an answer in writing....A respondent failing to file an answer within the time allowed shall be deemed in default, and relevant facts stated in the order to show cause may be deemed admitted.

1 Pa. Code § 35.37

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FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD451806. (Official Notice of Board records[5]; OTSC ¶ 1)

2. Respondent's medical license was originally issued on May 2, 2014, expired on December 31, 2014, and absent further Board action, may be renewed, reactivated or reinstated upon the filing of the appropriate documentation and payment of the necessary fees. (Board records; OTSC ¶ 2)

3. At all times pertinent to the factual allegations in the Commonwealth's *OTSC*, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania. (Board records; OTSC ¶ 3)

4. Respondent's last known address on file with the Board is 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (Board records; OTSC ¶ 4)

Virginia Disciplinary Action

5. At all relevant and material times, Respondent was authorized to practice as a physician in the Commonwealth of Virginia. (OTSC ¶ 6)

6. On November 14, 2019, the Virginia Board and Respondent entered into a Consent Order by which Respondent admitted that he violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals (Patients A-F) outside of a bona fide practitioner-patient relationship. (OTSC

[5] Official notice of the Board's records may be taken pursuant to the General Rules of Administrative Practice and Procedure (GRAPP), 1 Pa. Code § 31.1 *et seq.*, at § 35.173, which permits the presiding officer to take official notice of the Board's own records. *See Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007). All citations to "Board records" are based on this taking of official notice.

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¶¶ 7-8; OTSC at Exhibit A)

7. The prescription for Patient A was prescribed on or about May 22, 2017; the prescriptions for Patient B were prescribed between approximately December 2017 and April 2018; the prescriptions for Patient C were prescribed on or about March 15, 2018; the prescriptions for Patient D were prescribed on or about March 14, 2018; the prescriptions for Patient E were prescribed on or about September 18, 2017; and the prescriptions for Patient F were prescribed on or about November 30, 2016. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

8. Pursuant to the Consent Order, Respondent also admitted that he violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that he willfully refused to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

9. Pursuant to the Consent Order, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. (OTSC ¶¶ 7-9; OTSC at Exhibit A)

10. At the time Respondent entered into the Consent Order on November 14, 2019, his license to practice medicine and surgery in Virginia was active until October 31, 2020. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

Service of OTSC

11. On November 25, 2019, the Commonwealth filed an *OTSC* alleging that Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), because Respondent had a license to practice the profession disciplined by the proper licensing authority of another state, Virginia. (OTSC; MDFA ¶ 1)

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12. On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (OTSC ¶ 4; OTSC at Certificate of Service; MDFA ¶ 2)

13. The OTSC that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[6] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. (MDFA ¶ 3; MDFA at Exhibit A)

Due Process

14. The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. (OTSC at Notice and Procedures; MDFA ¶ 4)

15. The *OTSC* also advised Respondent that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. (OTSC at Penalties and Procedures)

16. Respondent did not file an answer to the *OTSC*. (File No. 19-49-017073; MDFA ¶ 5)

17. On December 31, 2019, the Commonwealth filed an *MDFA* in this matter and mailed it to Respondent by first class mail, postage prepaid, at the same address at which the *OTSC* had been served: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (MDFA at

[6] The recipient's signature is illegible.

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Certificate of Service)

18. Respondent did not file a response to the *MDFA*. (File No. 19-49-017073)

19. On January 21, 2020, an *MDFA Order* was issued, entering judgment by default and deeming the factual allegations in the *OTSC* admitted, on grounds that Respondent received the *OTSC* but failed to file an answer as required. (File No. 19-49-017073)

20. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014; this is the same address where the *OTSC* and *MDFA* had been served. (File No. 19-49-017073)

21. The *MDFA Order* mailed to Respondent at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014 was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent. (File No. 19-49-017073)

22. Respondent was served with the *OTSC*, *MDFA* and *MDFA Order* filed of record in this matter. (File No. 19-49-017073)

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CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact 1-3)

2. Respondent has been afforded reasonable notice of the charges against him and an opportunity to be heard in this proceeding, in accordance with section 5 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact 4, 11-22)

3. Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), in that Respondent had his license to practice medicine disciplined by the proper licensing authority of another state, Virginia, on November 14, 2019. (Findings of Fact 5-10)

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DISCUSSION

Violation

A board-regulated practitioner in Pennsylvania who is disciplined by a proper licensing authority of another state is subject to disciplinary action in Pennsylvania under section 41(4) of the Act as follows:

> **Section 41. Reasons for refusal, revocation, suspension or other corrective actions against a licensee or certificate holder**
>
> The board shall have authority to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following reasons:
>
> * * *
>
> (4) **Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken**, or an application for a license or other authorization refused, revoked or suspended by a **proper licensing authority of another state**, territory, possession or country, or a branch of the Federal Government.
>
> * * *

63 P.S. § 422.41(4) (emphasis added).

The facts deemed admitted are based on the factual allegations in the *OTSC* as well as the information contained in what is alleged to be a true and correct copy of the November 14, 2019, Consent Order. These facts conclusively establish that on November 14, 2019, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. Therefore, the Commonwealth has proven by a preponderance of the evidence[7] that Respondent's medical

[7] The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Pub. Util. Comm'n*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990), *appeal denied*, 602 A.2d 863 (Pa. 1992). A preponderance of the evidence is generally understood to mean that the

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license in another state, Virginia, was disciplined by the proper licensing authority of that state, as charged in Count One of the *OTSC*.

Sanction

The Supreme Court of Pennsylvania has recognized that "[r]eciprocal discipline prevents licensed professionals from violating ethical rules, being disciplined, and then transferring to a new jurisdiction to continue to practice with an unblemished record of ethical conduct." *Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 944 (Pa. 2004). There are a variety of sanctions available to prevent this from happening.

Section 42 of the Act, 63 P.S. § 422.42, sets forth the type of disciplinary or corrective measures that may be imposed for violations of the Act, including Respondent's violation of section 41(4) of the Act. Specifically, section 42(a) of the Act provides, in relevant part, as follows:

> **Section 42. Types of corrective action**
>
> (a) **Authorized actions.**—When the board is empowered to take disciplinary or corrective action against a board-regulated practitioner under the provisions of this act or pursuant to other statutory authority, the board may:
>
> * * *
>
> (2) Administer a public reprimand with or without probation.
>
> (3) Revoke, suspend, limit or otherwise restrict a license or certificate.
>
> (4) Require the board-regulated practitioner to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.

evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

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> (5) Require the board-regulated practitioner to take refresher educational courses.
>
> (6) Stay enforcement of any suspension, other than that imposed in accordance with section 40, [footnote omitted] and place a board-regulated practitioner on probation with the right to vacate the probationary order for noncompliance.
>
> * * *

63 P.S. § 422.42(a). Additionally, a maximum civil penalty up to ten thousand dollars ($10,000.00) for each violation of the Act is authorized under either section 908 of the Medical Care Availability and Reduction of Error Act,[8] 40 P.S. § 1303.908, or section 5(b)(4) of Act 48,[9] 63 P.S. § 2205(b)(4).

The Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied*, 679 A.2d 230 (Pa. 1996). With public protection in mind, the Board considers the seriousness of the violations and any mitigating evidence in fashioning a sanction fitted to the circumstances of a given disciplinary matter.

There is no mitigating evidence to consider because, although he has been given appropriate notice and the opportunity to respond, Respondent has not defended himself in the matter now before the Board. Therefore, the Board has only the seriousness of the Virginia disciplinary action to consider when determining the appropriate sanction.

The seriousness of the Virginia disciplinary action can be gauged by the underlying reasons for the disciplinary action and the type of discipline imposed. The Virginia Board disciplined

[8] Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.901-1303.910.

[9] Act of July 2, 1993, P.L. 345, No. 48, *as amended*, 63 P.S. §§ 2201-2207

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Respondent for prescribing several Schedule VI controlled substances to Patients A-F outside of a bona fide practitioner-patient relationship and for willfully refusing to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. For this conduct, the Virginia Board decided not to impose the more serious sanctions of suspension or revocation. Instead, the Virginia Board imposed the less serious sanctions of a reprimand and a monetary penalty.

The hearing examiner believes that it is appropriate to mirror the Virginia Board's imposition of a reprimand. A public reprimand will protect the public health and safety because it will alert Pennsylvania's citizens to Respondent's disciplinary action in Virginia, thereby allowing anyone who inquires to make an informed decision based upon the public information available.

Although the Virginia Board assessed a monetary penalty, the hearing examiner does not believe that it is necessary to impose a monetary penalty in Pennsylvania. Civil penalties are typically imposed for purposes of deterrence. It is understandable that the Virginia Board would want to deter Respondent from committing similar violations in the future in Virginia, given the fact that Respondent had an active license in Virginia at the time he entered into the Consent Order. Respondent is presumably not practicing in Pennsylvania because his Pennsylvania license has been expired since December 31, 2014, prior to his violations of Virginia law. Therefore, it is not necessary to impose a civil penalty in Pennsylvania for purposes of added deterrence.

Accordingly, based upon the foregoing, the following order shall issue:

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	File No. 19-49-017073
v.	:	
Sherman Washington, M.D., Respondent	:	

ORDER

AND NOW, this 24th day of February 2020, upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is ORDERED that the license to practice medicine and surgery issued to Respondent, Sherman Washington, M.D., license no. MD451806, is REPRIMANDED.

This order shall take effect 20 days from the date of mailing unless otherwise ordered by the State Board of Medicine.

BY ORDER:

Hope S. Goldhaber
Hearing Examiner

For Respondent:
Sherman Washington, M.D.
[redacted]N. Green Valley Pkwy., Suite [redacted]
Henderson, NV 89014

For the Commonwealth:
Keith E. Bashore, Esquire
Prosecuting Attorney
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of Mailing: February 24, 2020

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NOTICE

REHEARING AND/OR RECONSIDERATION

A party may file an application for rehearing or reconsideration within 15 days of the mailing date of this adjudication and order. The application must be captioned *"Application for Rehearing"*, *"Application for Reconsideration"*, or *"Application for Rehearing or Reconsideration"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking rehearing or reconsideration, including any alleged error in the adjudication. If the adjudication is sought to be vacated, reversed, or modified by reason of matters that have arisen since the hearing and decision, the matters relied upon by the petitioner must be set forth in the application.

APPEAL TO BOARD

An application to the State Board of Medicine for review of the hearing examiner's adjudication and order must be filed by a party within 20 days of the date of mailing of this adjudication and order. The application must be captioned *"Application for Review"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking the Board's review of the hearing examiner's decision, including any alleged error in the adjudication. Within an application for review a party may request that the Board hear additional argument and take additional evidence.

An application to the Board to review the hearing examiner's decision may be filed irrespective of whether an application for rehearing or reconsideration is filed. However, the filing of an application for rehearing and/or reconsideration does not extend, or in any other manner affect, the time period in which an application for review may be filed.

STAY OF HEARING EXAMINER'S ORDER

Neither the filing of an application for rehearing and/or reconsideration nor the filing of an application for review operates as a stay of the hearing examiner's order. To seek a stay of the hearing examiner's order, the party must file an application for stay directed to the Board.

FILING AND SERVICE

An original and three (3) copies of all applications shall be filed with:

Prothonotary
P.O. Box 2649
Harrisburg, PA 17105-2649

A copy of all applications must also be served on all parties.

Applications must be received for filing by the Prothonotary within the time limits specified. The date of receipt at the office of Prothonotary, and not the date of deposit in the mail, is determinative.

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NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

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BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 187506

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Sherman Washington, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Washington's license to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Sherman Washington, M.D., was issued License Number 0101-256005 to practice medicine and surgery on March 31, 2014, which is scheduled to expire on October 31, 2020.

2. Dr. Washington violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals outside of a bona fide practitioner-patient relationship. Specifically:

a. On or about May 22, 2017, Dr. Washington prescribed Livixil Pak (C-VI) to Patient A, a 46-year-old female, without ever performing an examination of Patient A in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

b. Between approximately December 2017 and April 2018, Dr. Washington prescribed Livixil Pak, fluocinonide (C-VI), and NuDiclo (C-VI) to Patient B, a male whose age is unknown, pursuant to a telephone questionnaire that Patient B completed without ever performing an examination of Patient B in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

21-104 Virginia Discipline.

c. On or about March 15, 2018, Dr. Washington prescribed DermacinRx Lexitral (C-VI), Fenortho (C-VI), Livixil Pak, lidocaine (C-VI), diclofenac sodium (C-VI), and clobetasol propionate (C-VI) to Patient C, a 52-year-old male, without ever performing an examination of Patient C in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

d. On or about March 14, 2018, Dr. Washington prescribed DermacinRx Lexitral, DermacinRx Silazone (C-VI), Fenortho, and Livixil Pak to Patient D, a female whose age is unknown, pursuant to an online survey regarding pain that Patient D completed without ever performing an examination of Patient D in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

e. On or about September 18, 2017, Dr. Washington prescribed lidocaine, fluocinonide, diclofenac sodium, and calcipotriene (C-VI) to Patient E, a 53-year-old male, pursuant to an online survey about back pain that Patient E completed without ever performing an examination of Patient E in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

f. On or about November 30, 2016, Dr. Washington prescribed fluocinonide, Lidopril (C-VI), and lidocaine to Patient F, a 60-year-old female, for a diagnosis of chronic pain without ever performing an examination of Patient F in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

3. Dr. Washington violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that Dr. Washington willfully refused to provide records for Patients A-F

to the Board's investigators after their repeated requests for such records from August 2018 through October 2018.

CONSENT

Sherman Washington, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Sherman Washington, M.D., is REPRIMANDED.

2. Dr. Washington is assessed a MONETARY PENALTY of One Thousand Five Hundred Dollars and Zero Cents ($1,500.00). This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within sixty (60) days from the date of entry of this

Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 11/14/19

SEEN AND AGREED TO

Sherman Washington, M.D.

STATE OF NEVADA
COUNTY/CITY OF Clark, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of Nevada at large, on this 31st day of October, 2019.

GRANT J. FORUSA
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-4189-1
My App. Expires Sept. 18, 2022

Notary Public

My commission expires: Sept 18, 2022

Registration No.: 18-4189-1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

February 21, 2020

DUPLICATE COPY
VIA FIRST CLASS MAIL
DATE 2/21/2020

Sherman Washington, M.D.
[redacted] North Green Valley Parkway, Suite [redacted]
Henderson, NV 89014

RE: License Number: 0101-256005
Case Number: 202478

Dear Sherman Washington:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine and surgery in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered February 14, 2020. You are hereby advised that you may not practice medicine and surgery or hold yourself out as a licensed physician and surgeon unless and until the Board of Medicine has notified you in writing that your license has been reinstated. Please return your license to William L. Harp, M.D., Executive Director of the Virginia Board of Medicine ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 202478

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Washington Medical Commission suspended the license of Sherman Washington, M.D., to practice as a physician and surgeon in the State of Washington. A copy of the Findings of Fact, Conclusions of Law and Final Order of Default is attached hereto as **Commonwealth's Exhibit 1.**

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Sherman Washington, M.D., to practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Sherman Washington, M.D., will be recorded as suspended. Should Dr. Washington seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:
2.14.2020

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Findings of Fact, Conclusions of Law, and Final Order of Default entered January 28, 2020, regarding Sherman Washington, M.D., is a true copy of the records received from the Washington Medical Commission.

David E. Brown, D.C. — Date: 2.14.2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:	No. M2019-234
SHERMAN WASHINGTON, MD License No. MD.MD.60404594 Respondent.	STATEMENT OF CHARGES

FILED
JUL 17 2019
Adjudicative Clerk's Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

21-104 Washington State Discipline

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
>
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety.. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL



STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER OF DEFAULT (Failure to Respond)**

The Washington Medical Commission (Commission) has delegated this matter to the Health Law Judge, Presiding Officer, for Findings of Fact, Conclusions of Law, and Final Order of Default (Default Order). The Presiding Officer, on designation by the Commission, enters this Default Order based on the record.

1. FINDINGS OF FACT

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. However, Respondent is eligible for renewal until October 23, 2020. Respondent is board certified in emergency medicine.

1.2 The Commission has filed the Declaration of Staff Attorney Gordon Wright, Regarding Failure to Respond with attached exhibits.

1.3 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.4 The Commission's investigator contacted the Respondent by phone on July 18, 2018. Respondent acknowledged receipt of the letter of cooperation, indicated he left the letter in another state and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.5 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up

letter (requiring a response within three days) was sent to Respondent by certified mail. The signed reciept was returned on September 24, 2018. No response was received.

1.6 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.7 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

1.8 On July 31, 2019, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

A. Statement of Charges;

B. Notice of Your Legal Rights and Request for Interpreter; and

C. Answer to Statement of Charges (Answer) form.

1.9 The Statement of Charges alleged Respondent committed unprofessional conduct in violation of RCW 18.130.180(8)(a).

1.10 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by August 20, 2019.

1.11 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 26, 2019, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.12 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default

and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(8)(a).

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

THE COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Default Order.

3.3 If Respondent violates any provision of this Default Order in any respect, the Commission may take further action against Respondent's license.

3.4 The effective date of this Default Order is that date the Adjudicative Clerk Office places the signed order into the United States mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Default Order.

4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions in final orders pursuant to RCW 18.130.110. WAC 246-16-800(2) and (3) require the Presiding Officer to apply sanctions based on the appropriate sanction schedule(s).

4.2 WAC 246-16-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders." The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

5. NOTICE TO PARTIES

This Default Order will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law. This Default Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act

(Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within **ten (10) days** of service of this Order with the following offices:

Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

And a copy must be sent to:

State of Washington
Washington Medical Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied **twenty (20) days** after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within **thirty (30) days** after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the **thirty (30) day** period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

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The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: JANUARY 28 2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

HEALTH LAW JUDGE

PRESENTED BY:

GORDON WRIGHT, WSBA NO. 32997
COMMISSION STAFF ATTORNEY

Jan. 27, 2020
DATE

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON,MD** License No. MD.MD. 60404594 Respondent.	**No. M2019-234** **STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE**

The Executive Director of the Washington Medical Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2018-6936. The patients referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended. Respondent is board certified in emergency medicine.

Failure to Cooperate

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of

the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

Improper Prescribing

1.7 Between January 2017 and April 2018 Respondent worked for HealthRight, a telemedicine company, where he prescribed topical applications and other high cost medications (pain patches, ointments and creams).

1.8 The patients to whom Respondent prescribed the medications were solicited by the HealthRight who obtained the patient's contact information after the patient completed an online survey about their pain. Representatives of the HealthRight "cold called" the patients who shared their insurance information. Subsequently the "electronic consultations" were completed and Respondent then reviewed the consultation notes and wrote prescriptions.

1.9 Respondent has acknowledged working for "four or five" different telemedicine companies and having "thousands of patients." At least six of such patients, Patients A through F, resided in the State of Washington.

No Physician-Patient Relationship.

1.10 At no point before, during, or after prescribing medication did Respondent speak with Patients A through F, in person or on the phone, to establish a physician-patient relationship or to discuss treatment history, plan of care, and treatment options.

1.11 Respondent did not conduct a physical examination or document any evaluation of the patient's health history in the health record prior to prescribing medication. There was no interaction whatsoever between Respondent and the patients.

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No Informed Consent.

1.12 At no point before, during, or after prescribing medication did Respondent meet or speak with the patients, in person or on the phone, to obtain informed consent for the prescriptions he wrote. At no time was it ever conveyed to the patients that prescriptions would be sent. More importantly, there was never a clear discussion of *what* prescriptions would be sent, *how* to use them, expected outcomes, risks and benefits, and rationale for prescribing.

2. SUMMARY OF EVIDENCE

2.1 Complaint with attachments from Express Scripts dated April 25, 2018.

2.2 Interview of Complainant

2.3 Memo of Attempts to Contact Respondent dated July 17, 2018

2.4 Emails with Respondent

2.5 Notice of Failure to Respond

2.6 Notice of Default Judgment

2.7 Interview with personnel from HealthRight

2.8 Interview with Respondent

2.9 Prescription Spreadsheet and Prescription Profile of Respondent received from Express Scripts.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(1), (4), (6), and 8(a) which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere

is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(6) Except when authorized by RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

...

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within **twenty-eight (28) days** to the Washington Medical Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Gordon Wright, Staff Attorney for the Washington Medical Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2798 within **twenty-eight (28) days**.

4.4 If Respondent does not respond within **twenty-eight (28) days**, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD60404594 Respondent.	**No. M2019-234** **NOTICE AND ORDER FOR WITHDRAWAL OF STATEMENT OF CHARGES**

1. FACTS

1.1 On or about July 7, 2019, the Medical Quality Assurance Commission (Commission) served a Statement of Charges to Respondent.

1.2 Negotiations with Respondent resulted in the decision to re-file this matter as a Statement of Allegations and Stipulation of Informal Disposition.

1.3 Based on further review of the matter, the Executive Director, through the Office of the Attorney General, requests withdrawal of the Statement of Charges without prejudice.

Dated: July 8, 2020.

Kristin G Brew

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

2. ORDER

2.1 Based on the Foregoing, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN WITHOUT PREJUDICE.

DATED: July 16, 2020.

STATE OF WASHINGTON
WASHINIGTON MEDICAL COMMISSION

PANEL CHAIR

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **STATEMENT OF CHARGES**

FILED
JUL 17 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received..

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
>
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 4966 S RAINBOW BLVD Suite #: 100

City: LAS VEGAS State: NV Zip: 89118

Telephone: 702-475-4898 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N.V. St Board of MD	N.V	12/3/2021	21-4727-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — Print Name (First, Last) — 02/07/2022 — Date

Original Signature (electronic, copies or stamps not accepted) — 02/07/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4458

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Victor M. Muro, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

December 9, 2021

Sherman Washington, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Suite M
North Las Vegas, NV 89030

Re: Compliance Case #21-41427-1

Dear Dr. Washington:

On December 3, 2021, the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 21-41427-1 finding the following:

- Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

As a result the Board entered its **ORDER** as follows:

- Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement;
- Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days;
- Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48);
- Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months;
- Respondent shall receive a Public Letter of Reprimand;
- The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

Your compliance with the terms and conditions pertaining to **CME's** will be monitored by Johnna S. LaRue, CMBI, Compliance Officer. Please contact me at (775) 324-9377 for any questions or concerns regarding CME's.

Your compliance with the terms and conditions pertaining to **Administrative Costs and Fines** will be monitored by Donya Jenkins, Finance Manager. Please contact Ms. Jenkins at (775) 324-9354 for any questions or concerns regarding payment of costs and fines. Please make note of the Board's new policies for making payments, credit cards, cashier's checks and money orders are the only form of payment accepted.

Included in the Order are mandatory actions that you must fulfill some of which include:

1.) The fine in the amount of $5,000 is due by February 1, 2022.

2.) The costs in the amount of $2,142.48 are due by February 1, 2022.

3.) The 22 hours of CME on ethics and professionalism, must be completed by June 3, 2022. Please keep in mind that the CME must be pre-approved so you must submit to me a synopsis of the CME well in advance of the due date. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

4.) Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months. **Completion Date: December 3, 2023** During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

Please contact me, in writing **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jlarue@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,

Johnna S. LaRue, CMBI
Compliance Officer/Deputy Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 324-9377

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SHERMAN WASHINGTON, JR., M.D.** Holder of License No. 48291 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-19-1137A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Sherman Washington, Jr., M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 48291 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-19-1137A after receiving notification of a disciplinary action alert ("DAR") that the Virginia Board of Medicine ("Virginia Board") had reprimanded Respondent's Virginia medical license.

4. Effective November 14, 2019 Respondent entered into a Consent Order with the Virginia Board that issued Respondent's Virginia medical license a Reprimand and Monetary Penalty of $1500.00. The Virginia Board found that Respondent issued Schedule IV medications to six patients without a properly established physician-patient relationship. Additionally, the Virginia Board found that Respondent willfully refused to provide records for the six patients at issue despite repeated requests by Virginia Board staff. On January 15, 2020 the Virginia Board issued Respondent a letter of compliance and closed the case.

5. On November 22, 2019 the North Dakota Board of Medicine ("North Dakota Board") issued an Order pursuant to a Stipulation that required Respondent to complete an intensive, in-person medical recordkeeping course. The North Dakota Board found that a patient received medication in the mail from a compounding pharmacy in Texas that had been prescribed by Respondent. The patient did not have a prior physician-patient relationship with Respondent and had never met or spoken to prior to receiving the medication. Respondent failed to respond to the North Dakota Board's request for the patient's medical records.

6. On January 28, 2020 The Washington Medical Commission ("Washington Board") entered Findings of Fact, Conclusions of Law and Final Order of Default against Respondent's Washington medical license after Respondent failed to respond to an investigation into Respondent's prescribing practices ("Default Order").

7. On February 14, 2020 the Virginia Board issued an Order of Mandatory Suspension on Respondent's Virginia medical license based on the Washington Board's Default Order.

8. On March 6, 2020, The Colorado Medical Board ("Colorado Board") issued Respondent's Colorado medical license a Letter of Admonition based on the Virginia and North Dakota Board actions.

9. On March 16, 2020, The Pennsylvania State Board of Medicine ("Pennsylvania Board") issued an order reprimanding Respondent's expired Pennsylvania medical license based on the Virginia Board's action.

10. On July 16, 2020, the Washington Board entered into a Stipulation to Informal Discipline with Respondent to resolve the investigation ("Washington Stipulation"). The Washington Stipulation described allegations that Respondent prescribed medication to at least six patients without examining the patients or otherwise establishing a proper

physician-patient relationship. The Washington Stipulation required Respondent to complete terms and conditions including Continuing Medical Education ("CME") in ethics and submission of a remedial essay on issues relevant to the investigation.

11. On December 30, 2020 the Florida Board of Medicine ("Florida Board") issued a Final Order suspending Respondent's Florida medical license and requiring payment of an administrative fine. The Florida Board's Final Order arose out of a reciprocal investigation regarding the Washington Board's action, and Respondent's failure to report the Washington Board's Default Order indefinitely suspending his Washington medical license.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(p) ("Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. PBI Ethics Course

Respondent shall within 6 months of the effective date of this Order, complete the Medical Ethics and Professionals Course (ME-15) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. Respondent shall sign any and all consents or releases necessary to allow for PBI to communicate to the Board directly and furnish PBI's "AIR" Letter after completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Respondent shall not revoke any release prior to successful completion of the CME and maintenance and accountability seminars.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to

determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 24th day of August, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent

are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

DATED: 7/13/2021

SHERMAN WASHINGTON, JR., M.D.

EXECUTED COPY of the foregoing mailed this 24th day of August, 2021 to:

Sherman Washington, Jr., M.D.
Address of Record

ORIGINAL of the foregoing filed this 24th day of August, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rodes
Board staff

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

March 6, 2020

Sherman Washington, M.D.

Re: License Number: DR. 0054185
Case Number: 2019-8449-B

Dear Dr. Washington,

The Colorado Medical Board has concluded its inquiry into the aforementioned matter. It was the Panel's decision not to commence with formal proceedings against your professional license. However, the Panel did determine disciplinary action in the form of this letter of admonition is warranted.

As you recall, in October 2019, you entered into a stipulation with the North Dakota Medical Board regarding your license to practice medicine. In the stipulation, you admitted to prescribing medications to an individual with whom you did not have a physician-patient relationship and failing to maintain medical records. The North Dakota Medical Board required you to take a medical recordkeeping course. In November 2019, you entered into a consent order with the Virginia Board of Medicine in which you were reprimanded and assessed a fine. The consent order was based on your prescribing of Schedule VI medications outside the context of a physician-patient relationship.

After a review of all the information in this matter, the Panel found that you are prescribing to individuals without establishing a physician-patient relationship fell below generally accepted standards of medical practice and resulted in discipline in two other states, constituting unprofessional conduct in violation of section 12-240-121 of the Colorado Revised Statutes.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Medical Practice Act requirements and obligations for the practice of medicine in Colorado.

In accordance with 12-20-404(4)(b), the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Paula Martinez, Program Director, at the email address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional physician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_medicalboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E Martinez

Paula E. Martinez
Program Director

PEM/bvm

Please complete a short survey at **https://www.surveymonkey.com/r/B5JR27T** regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

Notice

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Department of Health

SHERMAN WASHINGTON JR

License Number: ME114302

Data As Of 3/29/2022

Profession	Medical Doctor
License	ME114302
License Status	DELINQUENT/
License Expiration Date	1/31/2021
License Original Issue Date	10/02/2012
Address of Record	[redacted] North Green Valley Pkwy Suite [redacted] HENDERSON, NV 89012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
NOV 18 2021
DOCKET NUMBER: 20220043

IN THE MATTER OF:	)	
	)	
SHERMAN WASHINGTON, JR., M.D.,	)	DOCKET NO. _____
License Number 70940,	)	
	)	
Respondent.	)	

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SHERMAN WASHINGTON, JR., M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least six of such individuals resided in the State of Georgia. Specifically:

Patient C.B.

3.

On and between March 10, 2017, and April 25, 2017, Respondent prescribed Patient C.B. ten (10) medications without performing an in-person examination nor performing an

21-104 Georgia Discipline

examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 10, 2017, Respondent prescribed Diclofena Sodium 3% Gel, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to C.B.;
- On March 30, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B.;
- On April 3, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to C.B.;
- On April 19, 2017, Respondent prescribed Diclofenac Sodium 3% Gel and Lidocaine 5% Ointment to C.B.;
- On April 25, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B..

4.

Patient M.B.

On and between June 16, 2017, and August 28, 2017, Respondent prescribed Patient M.B. with six (6) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On June 16, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to M.B.;
- On June 24, 2017, Respondent prescribed Calcipotriene 0.005% Cream and Fluocinonide 0.1% Cream to M.B.;
- On July 14, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 7, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 28, 2017, Respondent Prescribed Fluocinonide 0.1% Cream to M.B..

5.

Patient M.B.

On and between March 17, 2017, and October 18, 2017, Respondent prescribed Patient M.B. with fourteen (14) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;

- On March 23, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On April 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On May 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On June 22, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On August 1, 2017, Respondent prescribed Allzital 25-325 MG Tablet and Fluocinonide 0.1% Cream to M.B.;
- On August 17, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;
- On October 2, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On October 18, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.

6.

Patient D.P.

On August 15, 2017, Respondent prescribed Patient D.P. with four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On August 15, 2017, Respondent prescribed Calcipotriene 0.005% Cream, Doxepin 5% Cream, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to D.P.

7.

Patient S.W.

On and between July 19, 2017, and January 4, 2018, Respondent prescribed Patient S.W. with sixteen (16) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On July 19, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;
- On August 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On August 11, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On August 14, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;

- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On September 15, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On September 23, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On October 23, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On November 2, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On November 7, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On November 29, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On December 5, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On December 26, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On January 4, 2018, Respondent prescribed Calcipotriene 0.005% Cream to S.W.

8.

Patient K.W.

On and between March 9, 2017, and June 2, 2017, Respondent prescribed Patient K.W. four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 9, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On April 7, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On May 5, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On June 2, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.

9.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

10.

Respondent was also licensed as a physician in the Commonwealth of Virginia. On or about November 12, 2019, Respondent entered into a Consent Order with the Virginia Board of

Medicine (Case No. 187506) based, in part, on allegations of prescribing medications without ever performing examinations. Under the terms of the Consent Order Respondent was reprimanded and assessed a One Thousand Five Hundred dollar ($1,500.00) monetary penalty. On or about February 14, 2020, Respondent's license to practice medicine and surgery in the Commonwealth of Virginia was mandatorily suspended based, in part, on allegations of Respondent's failure to respond (Case No. 202478).

11.

Respondent is also licensed as a physician in the State of North Dakota. On or about November 22, 2019, Respondent entered into a Stipulated Order with the North Dakota Board of Medicine, based, in part, on allegations of prescribing medications without a physician-patient relationship. Under the terms of the Stipulation, Respondent had to complete a course in keeping medical records and Respondent paid costs and attorney's fees incurred by the Board. Respondent successfully completed the North Dakota Stipulated Order in or around July, 2020.

12.

Respondent is also licensed as a physician in the State of Washington. On or about July 16, 2020, Respondent stipulated to an informal disposition with the State of Washington Medical Commission, (No. M2019-234) based, in part, on allegations of improper prescribing through telemedicine companies. Under the terms of the stipulation Respondent was required to complete "Compliance Orientation," review the Medical Commission's Telemedicine Guideline, complete a course in medical ethics, write an authoritative paper on the importance of forming a physician-patient relationship, and personally appear before the Commission.

13.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who has had disciplinary action taken against him or her by any such lawful licensing authority other than the Board.

14.

Respondent agrees to the above findings of facts and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within ninety (90) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of three thousand dollars ($3,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303, to the attention of the Executive Director. Failure to pay the entire amount within (30) days of the effective date of this Consent Order shall be considered a

violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands

its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

(Signatures on the following page)

Approved this 18th day of November, 2021.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: _____
Despina Dalton, M.D.
Chairperson

ATTEST: _____
~~LASHARN HUGHES, MBA~~ Jonathan McGehee
Executive Director, Interim

CONSENTED TO: _____
SHERMAN WASHINGTON, JR., M.D.
Respondent

AS TO THE SIGNATURE OF
SHERMAN WASHINGTON, JR., M.D.:
Sworn to and subscribed before me
This, 5 day of October 2021.

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025

_____
NOTARY PUBLIC
My Commission Expires: Feb 1, 2025

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
DISCIPLINARY ACTION REPORT
Orders served from 11/15/2021 through 11/19/2021

Profession/Name	License Number	Effective Date/Action	Basis for Action
Chiropractic CHARLES ARTHUR JACKSON, D.C. Grand Blanc, MI	2301003001	12/10/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Sexual Misconduct; Lack of Good Moral Character; Negligence; Incompetence
Chiropractic ALLAN ANDREW CLAYTON SCHWALM, D.C. Clinton Township, MI	2301005158	12/17/2021 Fine Imposed; Suspended	Alcohol Related Conviction; Failure to Report or Comply; Fraud or Deceit in Obtaining/Renewing License
Medicine HO DZUNG ANH, M.D. San Francisco, CA	4301111145	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine THEODOR ASGEIRSSON, M.D. Wyoming, MI	4301091655	12/17/2021 Fine Imposed; Probation; Reprimanded	Incompetence; Negligence
Medicine PAULDEEP BAHRA, M.D. Dallas, TX	4301100210	12/17/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN KAZIMIERZ BARTNIK, M.D. Saginaw, MI	4301062933	12/17/2021 Fine Imposed	Negligence; Technical Violation of the Michigar PHC
Medicine GLENN D BAUER, M.D. Waterford, MI	4301407255	12/17/2021 Fine Imposed	Incompetence; Negligence
Medicine NATHAN BINING, M.D. Livonia, MI	4301071275	12/17/2021 Fine Imposed; Probation	Negligence
Medicine CHRISTOPHER YON CHANG, M.D. Hazel Park, MI	4301052042	12/17/2021 Fine Imposed; Voluntarily Surrendered	Incompetence; MAPS Violation; Negligence

Profession/Name	License Number	Effective Date/Action	Basis for Action
Medicine DANIEL PHILIP ELSKENS, M.D. Sandusky, OH	4301406954	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN FREDERICK HARB, M.D. Livonia, MI	4301061957	12/17/2021 Fine Imposed; Probation	Technical Violation of the Michigar PHC
Medicine MAHESH KARANDIKAR, M.D. Flint, MI	4301117240	12/17/2021 Fine Imposed	Fraud or Deceit in Obtaining/Renewing License; Sister State Disciplinary Action
Medicine KIARASH MIRKIA, M.D. Las Vegas, NV	4301501163	12/17/2021 Fine Imposed; Limited / Restricted	Failure to Report or Comply; Sister State Disciplinary Action
Medicine MADHU AJIT SUBNANI, M.D. Imlay City, MI	4301055014	12/17/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Incompetence; Lack of Good Moral Character; MAPS Violation; Negligence-Impaired Conduct, Practice, or Condition; Unauthorized Prescribing
Medicine VISHAL VERMA, M.D. San Diego, CA	4301095272	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine SHERMAN WASHINGTON, M.D. Henderson, NV	4301119275	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Nursing NANCY ANN BASKERVILLE, R.N. Canton, MI	4704187173	12/12/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Nursing CHRISTOPHER JOHN BAUER, R.N. Royal Oak, MI	4704310010	12/12/2021 Fine Imposed; Probation Upon Reinstatement; Suspended	Impaired Conduct, Practice, or Condition; Mental/Physical Inability to Practice; Substance Use Disorder
Nursing JENNIFER JEAN BAUMGART, R.N. Saint Clair Shores, MI	4704226627	12/12/2021 Fine Imposed; Probation	Continuing Education

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**COMPLAINT**
Sherman Washington Jr., M.D.,	)	
Respondent.	)	

COMES NOW, the Complainant, North Dakota Board of Medicine – Investigative Panel B, and for its Complaint against the Respondent, Sherman Washington Jr., M.D., alleges and states as follows:

I.

Investigative Panel B of the North Dakota Board of Medicine ("Board") is authorized pursuant to N.D.C.C. Chapter 43-17.1 to conduct investigations related to the practice of any physician licensed to practice in this state and file a formal complaint against any licensed physician with the Board of Medicine.

II.

Sherman Washington Jr., M.D., is a physician licensed to practice medicine in the State of North Dakota.

FACTS

III.

At all times mentioned herein, Respondent was an emergency medicine physician but mostly practiced medicine online.

IV.

On September 5, 2018, Patient A received a package in the mail containing several medications that were prescribed to her by Respondent and filled at McClure's Compounding Pharmacy in Texas. Patient A has never had a physician-patient relationship with Respondent and has never met or spoken to Respondent. Thus, Respondent prescribing any medications to Patient A is inappropriate. A request for records for the treatment of Patient A was made to Respondent and no records were received. Thus, Respondent is subject to disciplinary action pursuant to the provisions of N.D.C.C. § 43-17-31 based upon Respondent's violations of the North Dakota Medical Practice Act by: (1) performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public N.D.C.C. § 43-17-31(1)(f).; and (2) lacking appropriate documentation in medical records for diagnosis, testing and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

V.

WHEREFORE, Complainant respectfully requests Respondent, Sherman Washington, Jr., M.D., be disciplined for his violations of N.D.C.C. § 43-17-31 and seeks an appropriate sanction(s) for those violations as authorized by N.D.C.C. § 43-17-30.1. Complainant also respectfully requests that the Board be awarded its costs and attorney's fees in having to bring this action pursuant to N.D.C.C. § 43-17-31.1.

NOTICE: Respondent must answer this Complaint within twenty days after service of the complaint or the allegations may be deemed admitted and may result in a default order revoking the subject's license. Such answer must be served in the manner allowed for service under the North Dakota Rules of Civil Procedure.

Dated this 29th day of April, 2019.

By Stacy M. Moldenhauer

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Attorney for: North Dakota Board of Medicine – Investigative Panel B

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine– Investigative Panel B, Complainant, vs. Sherman Washington Jr., M.D., Respondent.	)	STIPULATION

WHEREAS, Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, the Respondent admits service of the Summons and Complaint dated April 29, 2019 and admits the allegations contained in the Complaint are true and that such actions are a violation of the Medical Practice Act and are grounds for discipline pursuant to N.D.C.C. § 43-17-31.

1. The Respondent hereby waives any procedural irregularity herein and his right to a hearing on the Complaint now pending in this action;

2. Respondent agrees he must successfully complete the following course within six (6) months from the date of the Board's Order approving of this Stipulation:

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a. Medical Records Keeping Course through the Center for Personalized Education for Physicians.

b. Respondent will provide proof of successful completion of said course to the Board. Respondent will also be fully responsible for the costs of said course.

c. If Respondent fails to successfully complete the above described course within six (6) months from the date of the Board's Order approving of this Stipulation, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.

3. Respondent shall be responsible for paying the costs and attorney's fees incurred by the Board in the investigation and prosecution of this action in an amount not to exceed $2,000.00. The Board will notify the Respondent of any such costs within a reasonable time after the Stipulation is approved by the Board and Respondent shall make payment within (30) days from receiving such notification.

4. If Respondent shall fail, neglect, or refuse to fully comply with any of the terms, provisions, or conditions herein, the Respondent's license to practice medicine in state of North Dakota shall be immediately suspended in accordance with the law.

5. In the event the Board, in its discretion, does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation, and if this case proceeds to a hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

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6. This agreement for the disposition of the above-entitled contested case is a matter of public record and the obligations of the Board with respect thereto shall be governed by the laws of North Dakota and current Board policy.

7. All parties hereto recognize the Board representatives who have engaged in discussions relative to an agreed disposition of this matter can only make recommendations to the North Dakota Board of Medicine, which recommendations can in no way be considered as binding upon the full membership of the Board who would ultimately decide the pending contested case, and this agreement is subject to acceptance by the full membership of the Board.

8. Respondent understands he has the right and has been afforded the opportunity to have this agreement reviewed by an attorney, and that in the event he chooses to execute this document without taking the opportunity to avail himself of this right, such failure shall be deemed to be a waiver of such right.

9. Respondent specifically waives any claim that any disclosures made to the full membership of the Board for the purposes of consideration of this agreement have prejudiced his right to a fair and impartial hearing in the event that this agreement is not accepted by the full Board and if further proceedings ensue.

10. Respondent further agrees there have been no inducements, threats or promises made in order to obtain his entry into this agreement.

11. The parties further agree that all statements contained herein are based upon the facts known to the Board on the date of execution of this agreement.

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Dated this 28 day of October, 2019.

Sherman Washington, Jr., M.D.

Dated this 29th day of October, 2019.

By Stacy M. Moldenhauer

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Attorney for: North Dakota Board of Medicine – Investigative Panel B

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BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**ORDER**
Sherman Washington, Jr., M.D.	)	
Respondent.	)	

*** *** ***

WHEREAS, Investigative Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint against Respondent requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, Respondent acknowledged the allegations contained in the Complaint were true and subjected him to discipline;

WHEREAS, Respondent and Investigative Panel B have entered into a Stipulation dated October 29, 2019;

WHEREAS, the North Dakota Board of Medicine finds the terms of the Stipulation are an appropriate disposition of this case;

IT IS HEREBY ORDERED THAT:

1. The Board will enter an Order requiring Respondent to complete the Medical Records

Keeping Course through the Center for Personalized Education for Physicians. Said course must be completed within six months from the date of this Order. Respondent is solely responsible for the costs of this course and must provide proof of completion of this course to the Board.

2. If Respondent fails to successfully complete the above described course within six (6) months from the date of this Order, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.
3. Respondent shall be required to pay the costs of the prosecution of this action not to exceed $2,000. Once notified of the costs of the investigation, Respondent is required to pay said costs within thirty (30) days or make other payment arrangements with the Board.

This Order is effective this 22nd day of November, 2019.

NORTH DAKOTA BOARD OF MEDICINE

Rup. K. Nagala. MD

Rupkumar Nagala, M.D.
Chairman

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D., Respondent.**	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

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[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

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23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745[4];

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[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address,

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . . (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
>
> (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ..(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: SHERMAN WASHINGTON, M.D, Respondent.	Case No. 21-41427-1

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. Jurisdiction. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. Representation by Counsel/Knowing, Willing and Intelligent Agreement. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. Waiver of Rights. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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Reno, Nevada 89521
(775) 688-2559

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

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10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September, 2021.

By: _____

SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3518

Ohio | eLicense Ohio Professional Licensure

License Look Up

3/22/2022 2:34 PM

Sherman Washington Jr.

Status	Closed
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.123613
License Issue Date	05/16/2014
License Expiration Date	10/01/2021
License Effective Date	09/30/2019
City	North Las Vegas
State	NV
Country	United States
Board Action	Yes

Board Action Details 08/11/2021 BOARD ORDER - License to practice medicine and surgery revoked. Based on the finding that the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Order effective 8/12/21. (Journal Entry-No Hearing Requested).

10/14/2020 CITATION - Based on the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, which would individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or

21-104 Ohio Discipline

issuance of an order of censure or other reprimand. Notice of Opportunity for Hearing mailed 10/15/2020.

08/31/2020 DISMISSAL OF CITATION - The notice of opportunity for a hearing issued on 6/10/2020 is dismissed without prejudice, based on the Board having received information indicating that the Washington Medical Commission Order had been vacated. Dismissal effective 08/31/2020.

06/10/2020 CITATION - Based on a prior action by the State of Washington Medical Commission, which issued a 1/28/2020 Findings of Fact, Conclusions of Law, and Final Order of Default, that indefinitely suspended the doctor's license; which as alleged individually and/or collectively, constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Notice of opportunity for a hearing mailed 6/11/2020.
Current date & time: **3/22/2022 2:34 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
v.	:	**Case No. 19-49-017073**
Sherman Washington, M.D. Respondent	:	

FINAL ORDER ADOPTING HEARING EXAMINER'S ADJUDICATION AND ORDER

AND NOW, this 5th day of May 2020, noting that neither party filed an application for review and that the State Board of Medicine (Board) did not issue a Notice of Intent to Review, in accordance with 1 Pa. Code § 35.226(a)(3) and 49 Pa. Code § 16.57, the hearing examiner's adjudication and order dated February 24, 2020, appended to this order as **Attachment A**, is now the **FINAL ORDER** of the Board in this proceeding.

This order is retroactive to March 16, 2020, twenty days from the date of mailing of the Hearing Examiner's Adjudication and Order.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

K. KALONJI JOHNSON
ACTING COMMISSIONER

STATE BOARD OF MEDICINE

KEITH E. LOISELLE
CHAIR

Respondent's Address:

9171 9690 0935 0227 2230 50

Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:

Keith E. Bashore, Esquire

Prothonotary Filed On:
May 05 2020 03:23 PM
Department of State

21.1N1 Pennsylvania Discipline.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	File No. 19-49-017073
v.	:	
Sherman Washington, M.D., Respondent	:	

ADJUDICATION AND ORDER

Hope S. Goldhaber
Hearing Examiner

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 772-2686

2/24/20

DOS Prothonc
May 05 2021

HISTORY

This matter comes before a hearing examiner for the State Board of Medicine ("Board") on the Commonwealth's filing of a single count *Order to Show Cause* ("*OTSC*") on November 25, 2019, against Sherman Washington, M.D. ("Respondent"). In this single count, the Commonwealth charged that Respondent is subject to disciplinary action under section 41(4) of the Medical Practice Act of 1985,[1] 63 P.S. § 422.41(4), because the Virginia Board of Medicine ("Virginia Board") took disciplinary action against Respondent's Virginia medical license on or about November 14, 2019.

On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. The *OTSC* that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[2] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. Hence, the Commonwealth accomplished service of its *OTSC* in accordance with the requirements of the General Rules of Administrative Practice and Procedure ("GRAPP"), 1 Pa. Code § 31.1 *et seq.*, at 1 Pa. Code § 33.31.[3]

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[1] Act of December 20, 1985, P.L. 457, No. 112, *as amended*, 63 P.S. §§ 422.1-422.51a.

[2] The recipient's signature is illegible.

[3] **Section 33.31. Service by the agency.**

> Orders, notices and other documents originating with an agency, including forms of agency action, complaints and similar process and other documents designated by the agency for this purpose, shall be served by the office of the agency by mail, except when service by another method shall be specifically required by the agency, by mailing a copy thereof to the person to be served, addressed to the person designated in the initial pleading or submittal at his principal office or place of business. If service is not accomplished by mail, it may be effected by anyone authorized by the

DOS Prothon
May 05 202

The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. Respondent was also advised that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. Respondent did not file an answer to the *OTSC*.

On December 31, 2019, the Commonwealth filed a *Motion to Deem Facts Admitted and Enter Default* ("*MDFA*"). The *MDFA* was mailed to Respondent on December 31, 2019, by first class mail, postage prepaid, at 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* had been served. Respondent did not file a response to the *MDFA*.

On January 21, 2020, an *Order Granting Commonwealth's Motion to Deem Facts Admitted and Enter Default* ("*MDFA Order*") was issued on grounds that Respondent received the *OTSC* but failed to file an answer as required. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* and *MDFA* had been served. The *MDFA Order* was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent.

Pursuant to section 35.37 of GRAPP, 1 Pa. Code § 35.37,[4] the *MDFA Order* advised

agency in the manner provided in 231 Pa. Code Rules 400—441 (relating to service of original process).

1 Pa. Code § 33.31.

[4] § 35.37. Answers to orders to show cause.

DOS Prothon
May 05 202

Respondent that he was in default of filing an answer and that the factual allegations in the *OTSC* were deemed admitted. The *MDFA Order* also advised Respondent that an Adjudication and Order would be issued in due course. To date, Respondent has not responded to either the *OTSC* or the *MDFA*.

This matter is now ripe for disposition.

A person upon whom an order to show cause has been served...shall, if directed so to do, respond to the same by filing within the time specified in the order an answer in writing....A respondent failing to file an answer within the time allowed shall be deemed in default, and relevant facts stated in the order to show cause may be deemed admitted.

1 Pa. Code § 35.37

DOS Prothon
May 05 202

FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD451806. (Official Notice of Board records[5]; OTSC ¶ 1)

2. Respondent's medical license was originally issued on May 2, 2014, expired on December 31, 2014, and absent further Board action, may be renewed, reactivated or reinstated upon the filing of the appropriate documentation and payment of the necessary fees. (Board records; OTSC ¶ 2)

3. At all times pertinent to the factual allegations in the Commonwealth's *OTSC*, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania. (Board records; OTSC ¶ 3)

4. Respondent's last known address on file with the Board is 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (Board records; OTSC ¶ 4)

Virginia Disciplinary Action

5. At all relevant and material times, Respondent was authorized to practice as a physician in the Commonwealth of Virginia. (OTSC ¶ 6)

6. On November 14, 2019, the Virginia Board and Respondent entered into a Consent Order by which Respondent admitted that he violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals (Patients A-F) outside of a bona fide practitioner-patient relationship. (OTSC

[5] Official notice of the Board's records may be taken pursuant to the General Rules of Administrative Practice and Procedure (GRAPP), 1 Pa. Code § 31.1 *et seq.*, at § 35.173, which permits the presiding officer to take official notice of the Board's own records. *See Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007). All citations to "Board records" are based on this taking of official notice.

DOS Prothon
May 05 202

¶¶ 7-8; OTSC at Exhibit A)

7. The prescription for Patient A was prescribed on or about May 22, 2017; the prescriptions for Patient B were prescribed between approximately December 2017 and April 2018; the prescriptions for Patient C were prescribed on or about March 15, 2018; the prescriptions for Patient D were prescribed on or about March 14, 2018; the prescriptions for Patient E were prescribed on or about September 18, 2017; and the prescriptions for Patient F were prescribed on or about November 30, 2016. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

8. Pursuant to the Consent Order, Respondent also admitted that he violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that he willfully refused to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

9. Pursuant to the Consent Order, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. (OTSC ¶¶ 7-9; OTSC at Exhibit A)

10. At the time Respondent entered into the Consent Order on November 14, 2019, his license to practice medicine and surgery in Virginia was active until October 31, 2020. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

Service of OTSC

11. On November 25, 2019, the Commonwealth filed an *OTSC* alleging that Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), because Respondent had a license to practice the profession disciplined by the proper licensing authority of another state, Virginia. (OTSC; MDFA ¶ 1)

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12. On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (OTSC ¶ 4; OTSC at Certificate of Service; MDFA ¶ 2)

13. The OTSC that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[6] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. (MDFA ¶ 3; MDFA at Exhibit A)

Due Process

14. The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. (OTSC at Notice and Procedures; MDFA ¶ 4)

15. The *OTSC* also advised Respondent that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. (OTSC at Penalties and Procedures)

16. Respondent did not file an answer to the *OTSC*. (File No. 19-49-017073; MDFA ¶ 5)

17. On December 31, 2019, the Commonwealth filed an *MDFA* in this matter and mailed it to Respondent by first class mail, postage prepaid, at the same address at which the *OTSC* had been served: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (MDFA at

[6] The recipient's signature is illegible.

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Certificate of Service)

18. Respondent did not file a response to the *MDFA*. (File No. 19-49-017073)

19. On January 21, 2020, an *MDFA Order* was issued, entering judgment by default and deeming the factual allegations in the *OTSC* admitted, on grounds that Respondent received the *OTSC* but failed to file an answer as required. (File No. 19-49-017073)

20. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014; this is the same address where the *OTSC* and *MDFA* had been served. (File No. 19-49-017073)

21. The *MDFA Order* mailed to Respondent at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014 was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent. (File No. 19-49-017073)

22. Respondent was served with the *OTSC*, *MDFA* and *MDFA Order* filed of record in this matter. (File No. 19-49-017073)

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CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact 1-3)

2. Respondent has been afforded reasonable notice of the charges against him and an opportunity to be heard in this proceeding, in accordance with section 5 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact 4, 11-22)

3. Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), in that Respondent had his license to practice medicine disciplined by the proper licensing authority of another state, Virginia, on November 14, 2019. (Findings of Fact 5-10)

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DISCUSSION

Violation

A board-regulated practitioner in Pennsylvania who is disciplined by a proper licensing authority of another state is subject to disciplinary action in Pennsylvania under section 41(4) of the Act as follows:

> **Section 41. Reasons for refusal, revocation, suspension or other corrective actions against a licensee or certificate holder**
>
> The board shall have authority to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following reasons:
>
> * * *
>
> (4) **Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken**, or an application for a license or other authorization refused, revoked or suspended by a **proper licensing authority of another state**, territory, possession or country, or a branch of the Federal Government.
>
> * * *

63 P.S. § 422.41(4) (emphasis added).

The facts deemed admitted are based on the factual allegations in the *OTSC* as well as the information contained in what is alleged to be a true and correct copy of the November 14, 2019, Consent Order. These facts conclusively establish that on November 14, 2019, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. Therefore, the Commonwealth has proven by a preponderance of the evidence[7] that Respondent's medical

[7] The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Pub. Util. Comm'n*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990), *appeal denied*, 602 A.2d 863 (Pa. 1992). A preponderance of the evidence is generally understood to mean that the

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license in another state, Virginia, was disciplined by the proper licensing authority of that state, as charged in Count One of the *OTSC*.

Sanction

The Supreme Court of Pennsylvania has recognized that "[r]eciprocal discipline prevents licensed professionals from violating ethical rules, being disciplined, and then transferring to a new jurisdiction to continue to practice with an unblemished record of ethical conduct." *Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 944 (Pa. 2004). There are a variety of sanctions available to prevent this from happening.

Section 42 of the Act, 63 P.S. § 422.42, sets forth the type of disciplinary or corrective measures that may be imposed for violations of the Act, including Respondent's violation of section 41(4) of the Act. Specifically, section 42(a) of the Act provides, in relevant part, as follows:

> Section 42. Types of corrective action
>
> (a) Authorized actions.—When the board is empowered to take disciplinary or corrective action against a board-regulated practitioner under the provisions of this act or pursuant to other statutory authority, the board may:
>
> * * *
>
> (2) Administer a public reprimand with or without probation.
>
> (3) Revoke, suspend, limit or otherwise restrict a license or certificate.
>
> (4) Require the board-regulated practitioner to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.

evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

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> (5) Require the board-regulated practitioner to take refresher educational courses.
>
> (6) Stay enforcement of any suspension, other than that imposed in accordance with section 40, [footnote omitted] and place a board-regulated practitioner on probation with the right to vacate the probationary order for noncompliance.
>
> * * *

63 P.S. § 422.42(a). Additionally, a maximum civil penalty up to ten thousand dollars ($10,000.00) for each violation of the Act is authorized under either section 908 of the Medical Care Availability and Reduction of Error Act,[8] 40 P.S. § 1303.908, or section 5(b)(4) of Act 48,[9] 63 P.S. § 2205(b)(4).

The Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied*, 679 A.2d 230 (Pa. 1996). With public protection in mind, the Board considers the seriousness of the violations and any mitigating evidence in fashioning a sanction fitted to the circumstances of a given disciplinary matter.

There is no mitigating evidence to consider because, although he has been given appropriate notice and the opportunity to respond, Respondent has not defended himself in the matter now before the Board. Therefore, the Board has only the seriousness of the Virginia disciplinary action to consider when determining the appropriate sanction.

The seriousness of the Virginia disciplinary action can be gauged by the underlying reasons for the disciplinary action and the type of discipline imposed. The Virginia Board disciplined

[8] Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.901-1303.910.

[9] Act of July 2, 1993, P.L. 345, No. 48, *as amended*, 63 P.S. §§ 2201-2207

DOS Prothon
May 05 202

Respondent for prescribing several Schedule VI controlled substances to Patients A-F outside of a bona fide practitioner-patient relationship and for willfully refusing to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. For this conduct, the Virginia Board decided not to impose the more serious sanctions of suspension or revocation. Instead, the Virginia Board imposed the less serious sanctions of a reprimand and a monetary penalty.

The hearing examiner believes that it is appropriate to mirror the Virginia Board's imposition of a reprimand. A public reprimand will protect the public health and safety because it will alert Pennsylvania's citizens to Respondent's disciplinary action in Virginia, thereby allowing anyone who inquires to make an informed decision based upon the public information available.

Although the Virginia Board assessed a monetary penalty, the hearing examiner does not believe that it is necessary to impose a monetary penalty in Pennsylvania. Civil penalties are typically imposed for purposes of deterrence. It is understandable that the Virginia Board would want to deter Respondent from committing similar violations in the future in Virginia, given the fact that Respondent had an active license in Virginia at the time he entered into the Consent Order. Respondent is presumably not practicing in Pennsylvania because his Pennsylvania license has been expired since December 31, 2014, prior to his violations of Virginia law. Therefore, it is not necessary to impose a civil penalty in Pennsylvania for purposes of added deterrence.

Accordingly, based upon the foregoing, the following order shall issue:

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May 05 202

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	File No. 19-49-017073
v.	:	
Sherman Washington, M.D., Respondent	:	

ORDER

AND NOW, this 24th day of February 2020, upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is ORDERED that the license to practice medicine and surgery issued to Respondent, Sherman Washington, M.D., license no. MD451806, is REPRIMANDED.

This order shall take effect 20 days from the date of mailing unless otherwise ordered by the State Board of Medicine.

BY ORDER:

Hope S. Goldhaber
Hearing Examiner

For Respondent: Sherman Washington, M.D.
[redacted] N. Green Valley Pkwy., Suite [redacted]
Henderson, NV 89014

For the Commonwealth: Keith E. Bashore, Esquire
Prosecuting Attorney
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of Mailing: February 24, 2020

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May 05 202

NOTICE

REHEARING AND/OR RECONSIDERATION

A party may file an application for rehearing or reconsideration within 15 days of the mailing date of this adjudication and order. The application must be captioned *"Application for Rehearing"*, *"Application for Reconsideration"*, or *"Application for Rehearing or Reconsideration"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking rehearing or reconsideration, including any alleged error in the adjudication. If the adjudication is sought to be vacated, reversed, or modified by reason of matters that have arisen since the hearing and decision, the matters relied upon by the petitioner must be set forth in the application.

APPEAL TO BOARD

An application to the State Board of Medicine for review of the hearing examiner's adjudication and order must be filed by a party within 20 days of the date of mailing of this adjudication and order. The application must be captioned *"Application for Review"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking the Board's review of the hearing examiner's decision, including any alleged error in the adjudication. Within an application for review a party may request that the Board hear additional argument and take additional evidence.

An application to the Board to review the hearing examiner's decision may be filed irrespective of whether an application for rehearing or reconsideration is filed. However, the filing of an application for rehearing and/or reconsideration does not extend, or in any other manner affect, the time period in which an application for review may be filed.

STAY OF HEARING EXAMINER'S ORDER

Neither the filing of an application for rehearing and/or reconsideration nor the filing of an application for review operates as a stay of the hearing examiner's order. To seek a stay of the hearing examiner's order, the party must file an application for stay directed to the Board.

FILING AND SERVICE

An original and three (3) copies of all applications shall be filed with:

Prothonotary
P.O. Box 2649
Harrisburg, PA 17105-2649

A copy of all applications must also be served on all parties.

Applications must be received for filing by the Prothonotary within the time limits specified. The date of receipt at the office of Prothonotary, and not the date of deposit in the mail, is determinative.

DOS Prothon
May 05 202

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

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BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 187506

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Sherman Washington, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Washington's license to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Sherman Washington, M.D., was issued License Number 0101-256005 to practice medicine and surgery on March 31, 2014, which is scheduled to expire on October 31, 2020.

2. Dr. Washington violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals outside of a bona fide practitioner-patient relationship. Specifically:

a. On or about May 22, 2017, Dr. Washington prescribed Livixil Pak (C-VI) to Patient A, a 46-year-old female, without ever performing an examination of Patient A in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

b. Between approximately December 2017 and April 2018, Dr. Washington prescribed Livixil Pak, fluocinonide (C-VI), and NuDiclo (C-VI) to Patient B, a male whose age is unknown, pursuant to a telephone questionnaire that Patient B completed without ever performing an examination of Patient B in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

21-104 Virginia Discipline.

c. On or about March 15, 2018, Dr. Washington prescribed DermacinRx Lexitral (C-VI), Fenortho (C-VI), Livixil Pak, lidocaine (C-VI), diclofenac sodium (C-VI), and clobetasol propionate (C-VI) to Patient C, a 52-year-old male, without ever performing an examination of Patient C in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

d. On or about March 14, 2018, Dr. Washington prescribed DermacinRx Lexitral, DermacinRx Silazone (C-VI), Fenortho, and Livixil Pak to Patient D, a female whose age is unknown, pursuant to an online survey regarding pain that Patient D completed without ever performing an examination of Patient D in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

e. On or about September 18, 2017, Dr. Washington prescribed lidocaine, fluocinonide, diclofenac sodium, and calcipotriene (C-VI) to Patient E, a 53-year-old male, pursuant to an online survey about back pain that Patient E completed without ever performing an examination of Patient E in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

f. On or about November 30, 2016, Dr. Washington prescribed fluocinonide, Lidopril (C-VI), and lidocaine to Patient F, a 60-year-old female, for a diagnosis of chronic pain without ever performing an examination of Patient F in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

3. Dr. Washington violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that Dr. Washington willfully refused to provide records for Patients A-F

to the Board's investigators after their repeated requests for such records from August 2018 through October 2018.

CONSENT

Sherman Washington, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Sherman Washington, M.D., is REPRIMANDED.

2. Dr. Washington is assessed a MONETARY PENALTY of One Thousand Five Hundred Dollars and Zero Cents ($1,500.00). This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within sixty (60) days from the date of entry of this

Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 11/14/19

SEEN AND AGREED TO

Sherman Washington, M.D.

STATE OF NEVADA
COUNTY/CITY OF Clark, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of Nevada at large, on this 31st day of October, 2019.

GRANT J. FORUSA
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-4189-1
My App. Expires Sept. 18, 2022

Notary Public

My commission expires: Sept 18, 2022

Registration No.: 18-4189-1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

February 21, 2020

DUPLICATE COPY
VIA FIRST CLASS MAIL
DATE 2/21/2020

Sherman Washington, M.D.
[redacted] North Green Valley Parkway, Suite [redacted]
Henderson, NV 89014

RE: License Number: 0101-256005
Case Number: 202478

Dear Sherman Washington:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine and surgery in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered February 14, 2020. You are hereby advised that you may not practice medicine and surgery or hold yourself out as a licensed physician and surgeon unless and until the Board of Medicine has notified you in writing that your license has been reinstated. Please return your license to William L. Harp, M.D., Executive Director of the Virginia Board of Medicine ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 202478

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Washington Medical Commission suspended the license of Sherman Washington, M.D., to practice as a physician and surgeon in the State of Washington. A copy of the Findings of Fact, Conclusions of Law and Final Order of Default is attached hereto as **Commonwealth's Exhibit 1.**

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Sherman Washington, M.D., to practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Sherman Washington, M.D., will be recorded as suspended. Should Dr. Washington seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:
2.14.2020

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Findings of Fact, Conclusions of Law, and Final Order of Default entered January 28, 2020, regarding Sherman Washington, M.D., is a true copy of the records received from the Washington Medical Commission.

David E. Brown, D.C. — Date: 9.14.2020

1389-3

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:	No. M2019-234
SHERMAN WASHINGTON, MD License No. MD.MD.60404594 Respondent.	STATEMENT OF CHARGES

FILED
JUL 17 2019
Adjudicative Clerk's Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

21-104 Washington State Discipline

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
>
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety.. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL



STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER OF DEFAULT (Failure to Respond)**

The Washington Medical Commission (Commission) has delegated this matter to the Health Law Judge, Presiding Officer, for Findings of Fact, Conclusions of Law, and Final Order of Default (Default Order). The Presiding Officer, on designation by the Commission, enters this Default Order based on the record.

1. FINDINGS OF FACT

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. However, Respondent is eligible for renewal until October 23, 2020. Respondent is board certified in emergency medicine.

1.2 The Commission has filed the Declaration of Staff Attorney Gordon Wright, Regarding Failure to Respond with attached exhibits.

1.3 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.4 The Commission's investigator contacted the Respondent by phone on July 18, 2018. Respondent acknowledged receipt of the letter of cooperation, indicated he left the letter in another state and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.5 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up

letter (requiring a response within three days) was sent to Respondent by certified mail. The signed reciept was returned on September 24, 2018. No response was received.

1.6 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.7 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

1.8 On July 31, 2019, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

A. Statement of Charges;

B. Notice of Your Legal Rights and Request for Interpreter; and

C. Answer to Statement of Charges (Answer) form.

1.9 The Statement of Charges alleged Respondent committed unprofessional conduct in violation of RCW 18.130.180(8)(a).

1.10 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by August 20, 2019.

1.11 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 26, 2019, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.12 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default

and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(8)(a).

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

THE COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Default Order.

3.3 If Respondent violates any provision of this Default Order in any respect, the Commission may take further action against Respondent's license.

3.4 The effective date of this Default Order is that date the Adjudicative Clerk Office places the signed order into the United States mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Default Order.

4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions in final orders pursuant to RCW 18.130.110. WAC 246-16-800(2) and (3) require the Presiding Officer to apply sanctions based on the appropriate sanction schedule(s).

4.2 WAC 246-16-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders." The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

5. NOTICE TO PARTIES

This Default Order will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law. This Default Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act

(Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within **ten (10) days** of service of this Order with the following offices:

Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

And a copy must be sent to:

State of Washington
Washington Medical Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied **twenty (20) days** after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within **thirty (30) days** after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the **thirty (30) day** period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

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The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: JANUARY 28 2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

HEALTH LAW JUDGE

PRESENTED BY:

GORDON WRIGHT, WSBA NO. 32997
COMMISSION STAFF ATTORNEY

Jan. 27, 2020
DATE

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON,MD** License No. MD.MD. 60404594 Respondent.	**No. M2019-234** **STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE**

The Executive Director of the Washington Medical Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2018-6936. The patients referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended. Respondent is board certified in emergency medicine.

Failure to Cooperate

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of

the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

Improper Prescribing

1.7 Between January 2017 and April 2018 Respondent worked for HealthRight, a telemedicine company, where he prescribed topical applications and other high cost medications (pain patches, ointments and creams).

1.8 The patients to whom Respondent prescribed the medications were solicited by the HealthRight who obtained the patient's contact information after the patient completed an online survey about their pain. Representatives of the HealthRight "cold called" the patients who shared their insurance information. Subsequently the "electronic consultations" were completed and Respondent then reviewed the consultation notes and wrote prescriptions.

1.9 Respondent has acknowledged working for "four or five" different telemedicine companies and having "thousands of patients." At least six of such patients, Patients A through F, resided in the State of Washington.

No Physician-Patient Relationship.

1.10 At no point before, during, or after prescribing medication did Respondent speak with Patients A through F, in person or on the phone, to establish a physician-patient relationship or to discuss treatment history, plan of care, and treatment options.

1.11 Respondent did not conduct a physical examination or document any evaluation of the patient's health history in the health record prior to prescribing medication. There was no interaction whatsoever between Respondent and the patients.

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No Informed Consent.

1.12 At no point before, during, or after prescribing medication did Respondent meet or speak with the patients, in person or on the phone, to obtain informed consent for the prescriptions he wrote. At no time was it ever conveyed to the patients that prescriptions would be sent. More importantly, there was never a clear discussion of *what* prescriptions would be sent, *how* to use them, expected outcomes, risks and benefits, and rationale for prescribing.

2. SUMMARY OF EVIDENCE

2.1 Complaint with attachments from Express Scripts dated April 25, 2018.

2.2 Interview of Complainant

2.3 Memo of Attempts to Contact Respondent dated July 17, 2018

2.4 Emails with Respondent

2.5 Notice of Failure to Respond

2.6 Notice of Default Judgment

2.7 Interview with personnel from HealthRight

2.8 Interview with Respondent

2.9 Prescription Spreadsheet and Prescription Profile of Respondent received from Express Scripts.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(1), (4), (6), and 8(a) which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere

is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(6) Except when authorized by RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

...

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within **twenty-eight (28) days** to the Washington Medical Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Gordon Wright, Staff Attorney for the Washington Medical Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2798 within **twenty-eight (28) days**.

4.4 If Respondent does not respond within **twenty-eight (28) days**, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD60404594 Respondent.	**No. M2019-234** **NOTICE AND ORDER FOR WITHDRAWAL OF STATEMENT OF CHARGES**

1. FACTS

1.1 On or about July 7, 2019, the Medical Quality Assurance Commission (Commission) served a Statement of Charges to Respondent.

1.2 Negotiations with Respondent resulted in the decision to re-file this matter as a Statement of Allegations and Stipulation of Informal Disposition.

1.3 Based on further review of the matter, the Executive Director, through the Office of the Attorney General, requests withdrawal of the Statement of Charges without prejudice.

Dated: July 8, 2020.

Kristin G Brew

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

2. ORDER

2.1 Based on the Foregoing, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN WITHOUT PREJUDICE.

DATED: July 16, 2020.

STATE OF WASHINGTON
WASHINIGTON MEDICAL COMMISSION

PANEL CHAIR

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **STATEMENT OF CHARGES**

FILED
JUL 17 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received..

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
>
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL

10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☑ Nevada
☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Complete Care Pharmacy
Physical Address: 1090 E Desert Inn Rd. Suite 204
City: Las Vegas State: NV Zip: 89109
Mailing Address (if different from physical address): 1620 W. Northwest Hwy., Suite 100
City: Grapevine State: TX Zip: 76051
Telephone: 817.572.0009 Toll Free # (NAC 639.708, NRS 639.23286): _____
Fax: _____ Contact Email: licensure@receptrx.com
Website: _____
Nevada Business License # (if applicable) _____
Supervising/Managing Pharmacist Name (NRS 639.220): Pauline Van Ngo
Supervising/Managing Pharmacist NV Pharmacist Registration #: 18970

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Retail/Community	☑ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.):

Name: Pauline Ngo	NV Pharmacist Registration #: 18970
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional i.e. Practitioner as defined by NRS 639.0125 Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.):

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (If any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (If any): Complete Care Pharmacy and Medical Supplies, Inc.

Corporation/Organization Name: Complete Care Pharmacy

Mailing Address: 10624 S. Eastern Ave. #184

City: Las Vegas State: NV Zip: 89052

Telephone: 702-604-6052 Email: licensure@receptrx.com

Contact Person Name: Kema Ogden

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy In Charge (title) for Complete Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Pauline Van Ngo

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/27/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Paulina Ngo hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy In Charge (title) for Complete Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada County of Clark

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28th day of December, 2021

Notary Public

RICHARD S. FLETCHER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-11-2024
Certificate No: 17-1501-1

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Paulina Ngo Pharmacist Registration #: 18971

Pharmacy Name: Complete Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

W I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

N I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

N I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

N I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

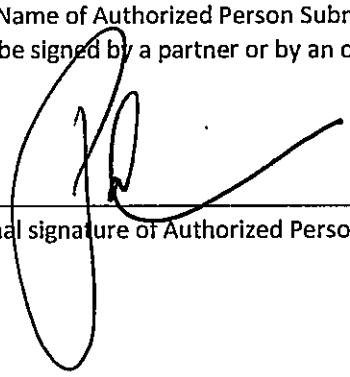
Original signature of Managing Pharmacist (copies or stamps not accepted)

Date 12/27/2021

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paulina Van Ngo

Print Name of Authorized Person Submitting Application (if the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

12/27/2021

Date

Board Use Only	Date Received: _____ Amount: _____

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Complete Care Pharmacy & Medical Supplies Incorp.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/12/2021, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/27/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202201272343368
You may verify this certificate online at http://www.nvsos.gov

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127338
Filing Number:	20211234800
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
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North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127339
Filing Number:	20211234802
Filing Type:	Initial List
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Mark I. Sedar

From: Tammie Miskimins <TMiskimins@receptrx.com>
Sent: Monday, March 14, 2022 11:20 AM
To: Mark I. Sedar; Kathleen Rand
Subject: RE: Complete Care Pharmacy Board Appearance

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Mark,

Complete Care Pharmacy is 100% owned by Complete Care Pharmacy & Medical Supplies Incorp.

Complete Care Pharmacy & Medical Supplies Incorp is jointly owned by Kema Ogden at 51% and Basil Blake at 49%.

Kema Ogden is the authorized signor and designated representative for the company.

Thank you,
Tammie

Tammie Miskimins
Director, Licensing & Credentialing
ReCept Healthcare Services

Phone: (817) 572-0009 x20109
Cell: (817) 913-7247
Email: tammie@receptrx.com
1620 W. Northwest Highway, Suite 100
Grapevine, Texas 76051
www.ReCeptRx.com

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, March 14, 2022 1:01 PM
To: Tammie Miskimins <TMiskimins@receptrx.com>; Kathleen Rand <krand@receptrx.com>
Subject: RE: Complete Care Pharmacy Board Appearance

[ReCept **Security WARNING:** This is an external email. Do not click on links or open attachments unless you recognize the sender and know the content is safe.]

Hello Tammie,

To confirm, Kema Odgen is now the only owner of the pharmacy?

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

Complete Care Pharmacy

Officers:
Basil Blake
[redacted]South Eastern Avenue
[redacted]Henderson, NV 89052

Kema Ogden
[redacted]Corral De Tierra Place
Henderson, NV 89052

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Complete Care Pharmacy

Physical Address 1090 E Desert Inn Rd Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy, Suite 100

City Grapevine State Texas Zip 76051

Telephone 817.512.0009 Website

Licensing Company Email licensure@rlieptrx.com

Section 2: Personal Information

First Pauline Middle Van Last Ngu

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Caramelo DR

City Henderson State NV Zip 89052

Telephone Email

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials PN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
MCPHS			06/2001 - 06/2004	
Address		City	State	Zip
19 Foster St.		Worchester	MA	01608
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
Cal State Fullerton			06/98 - 06/1998	
Address		City	State	Zip
800 N State College Blvd		Fullerton	CA	92831
Diploma/Degree obtained, if any				
BA of Marketing				

School Name			From - To (MM/YY – MM/YY)	
Bolsa Grande HS			08/1989	06/1993
Address		City	State	Zip
9401 Westminster Blvd.		Garden Grove	CA	92844
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2018 - Now	[redacted] Carmelo Dr.	Henderson	NV	89052
01/2014 - 06/2018	[redacted] AltaDonna Ave	Las Vegas	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Safehealth Inc.			From - To (MM/YY – MM/YY): 07/2019 - 02/2020
Business Address:	City:	State:	Zip:
Phone:	Title: Pharmacy In Charge		Number of Employed Hours:
Description of Duties: Opening new Pharmacy			

Business Name: Trinity Pharmacy			From - To (MM/YY – MM/YY): 03/2017 - 01/2019
Business Address: 2797 S Maryland Pkwy #28	City: Las Vegas	State: NV	Zip: 89109
Phone: 702-776-8210	Title: Part-time Pharmacist		Number of Employed Hours: 6 hrs/week
Description of Duties: verifying, taking ordering, fillings, ordering inventories, running everyday duties			

Business Name: CVS Caremark			From - To (MM/YY – MM/YY): 01/2010 - 03/2017
Business Address: S Green Valley Pkwy	City: Henderson	State: NV	Zip: 89052
Phone: 702-616-9660	Title: Full time Pharmacist		Number of Employed Hours: Full-time
Description of Duties: Performing daily operation of a pharmacist			

Business Name: Albertsons LLC			From - To (MM/YY – MM/YY): 04/2003 - 01/2010
Business Address: 1750 US Hwy #1	City: Vero Beach	State: FL	Zip: 32960
Phone:	Title: Pharmacy In Charge		Number of Employed Hours:
Description of Duties: Performing daily operation duties of PIC			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		/
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		/
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		/
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		/
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		/
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		/
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		/
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		/
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		/
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		/

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/27/2021

Date

Applicant's initials _____

I, Paulina Van Ngu, **certify that as the designated representative for** Complete Care Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Paulina Ngu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/27/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paulina Nap

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/27/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Paulina Nap, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/28/2021

Date

Subscribed and Sworn to before me this 28th day of December, 2021.

Notary Public Signature

RICHARD S. FLETCHER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-11-2024
Certificate No: 17-1501-1

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy & Medical Supplies Incorp.

Physical Address: 1090 E. Desert Inn #204

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): 10624 S. Eastern Ave #184

City: Henderson State: NV Zip: 89052

Telephone: 7026046052 Website:

Licensing Company Email: completecarepharmalv@gmail.com; licensure@receptrx.com

Section 2: Personal Information

First: Kema Middle: Arli Last: Ogden

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Corral De Tierra Place

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: KO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Las Vegas, Nevada		1994-2000	
Address	**City**	**State**	**Zip**
4505 S. Maryland Pkway	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Chaparral High School		1991-1994	
Address	**City**	**State**	**Zip**
3850 Annie Oakley Dr	Las Vegas	NV	89121
Diploma/Degree obtained, if any			
High School Dipolma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004-present	[redacted]Corral De Tierra Place	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Community Outreach Medical Center			9/2018-present
Business Address	**City**	**State**	**Zip**
1090 E. Desert Inn Rd #200	Las Vegas	NV	89109
Phone	**Title**		
7026573873	Executive Director		

Description of Duties

Responsible for overall leadership of staff in the development and implementation of short and long range plans, as well as working with the Board of Directors on program and financial management of the corporation.

Business Name			From - To (MM/YY – MM/YY)
Global Harmony LLC			8/2016-present
Business Address	**City**	**State**	**Zip**
5630 Stephanie Rd	Las Vegas	NV	89122
Phone	**Title**		
702-604-6052	Owner/Outreach Director		

Description of Duties

Works in the areas of public relations, marketing and sales in the organization's mission. Assist with Business Development

Business Name			From - To (MM/YY – MM/YY)
Jay O LLC- UFC Gym Anthem			2008-8/2016
Business Address	**City**	**State**	**Zip**
10740 S. Eastern Ave	Henderson	NV	89052
Phone	**Title**		
702-604-6052	Owner		

Description of Duties

Business Operations and Development

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials CO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2018	2020	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-29-787004	Cannabis Commission Board and Department of Taxation

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Global Harmony LLC

Provide explanation below:

I am a member of Global Harmony, LLC. The LLC owns and operates a cannabis dispensary in Las Vegas. The LLC was a Plaintiff in the 2018 lawsuit in Clark County District Court (Case No.: A-19-787004-B) in connection with how the 2018 retail cannabis dispensary licenses were allocated. The LLC settled that suit before the trial was over and as part of that settlement process there were appearances in front of the State of Nevada Department of Taxation that previously handled the oversight of recreational and medical marijuana licenses and in front of the Nevada Cannabis Compliance Board, the current entity handling that oversight.

Original Signature (electronic, copies or stamps not accepted)

1/5/2022
Date

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Suite 204

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): 1620 W. Northwest Hwy., Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 702.983.2243 Website:

Licensing Company Email: licensure@receptrx.com

Section 2: Personal Information

First: Basil Middle: Shawn Last: Blake

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] South Eastern Avenue, [redacted]

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	YES	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		NO
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		NO

Date of Service: From: 1) 12-1978 2) 05-1984 to: 1) 01-1983 2) 07-1992

Military Occupation/Specialty: 1) Infantry Mortarman 2) Field Artillery Surveyor

Branch: ☒ Army/Reserves 2 ☐ Navy/Reserves ☐ Airforce/Reserves ☒ Marine Corps/Reserves 1 ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		NO
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BSB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
EDGEWOOD HIGH SCHOOL		08/1974-06/1978	
Address	**City**	**State**	**Zip**
10 COOPERS FOLLY ROAD	TANSBORO	NJ	08004
Diploma/Degree obtained, if any			
DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2014-PRESENT	[redacted] LOTS HILLS DRIVE	LAS VEGAS	NV	89179
08/2010-04/2014	[redacted] SIENA HEIGHTS DR	HENDERSON	NV	89052
07/2008-08/2010	[redacted] GREEN VALLEY PKWY	HENDERSON	NV	89074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
BLAKE SECURITY LLC., NV PILB # 2162		07/2016 – PRESENT
Business Address	**City**	**State / Zip**
7728 LOTS HILLS DR	LAS VEGAS	NV 89179
Phone	**Title**	
702 306 6579	OWNER – Qualifying AGENT	
Description of Duties	OVER ALL OPERATIONS OF SECURITY COMPANY. Qualifing AGENT WITH STATE OF NEVADA	

Business Name		From - To (MM/YY – MM/YY)
THE Cosmopolitan OF LAS VEGAS		09/2010 – 02/2018
Business Address	**City**	**State / Zip**
3708 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV 89109
Phone	**Title**	
702-698-7000	SECURITY BIKE OFFICER (LEAD)	
Description of Duties	ASSIST Management IN DAY TO DAY SHIFT OPERATIONS, ESCORT OFFICER FOR VIPs, and High Profile GUESTS. Patrol All properties AS DIRECTED.	

Business Name		From - To (MM/YY – MM/YY)
THE BROOKLYN BOWL OF LAS VEGAS		10/2014 – 07/2015
Business Address	**City**	**State / Zip**
3545 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV 89109
Phone	**Title**	
702-694-3734	VENUE SECURITY	
Description of Duties	STAGE AND GREEN ROOM SECURITY. PROTECT THE PRIVACY OF PERFORMERS, their families and property	

Business Name		From - To (MM/YY – MM/YY)
THE SMITH CENTER FOR THE PERFORMING ARTS		03/2012 – 04/2013
Business Address	**City**	**State / Zip**
361 SYMPHONY PARK AVE	LAS VEGAS	NV 89102
Phone	**Title**	
702-749-2234	BIKE Patrol OFFICER	
Description of Duties	SAfety OF STAFF, PERFORMERS, VIPS AND PATRONS. SECURITY OF campos DURING THE Graves Shift.	

Business Name		From - To (MM/YY – MM/YY)
MGM, CIRCUS CIRCUS		07/2007 – 12/2010
Business Address	**City**	**State / Zip**
2880 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV 89109
Phone	**Title**	
702-734-0410	RELIEF MANAGER, FIELD TRAING OFFICER	
Description of Duties	COVER MgT FOR Days OFF. TRAINING OFFICER FOR BIKE PATROL, 1ST AID/CPR. MAINTAIN TRAINING RECORDS. BASIC FIREARMS INSTRUCTION	

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		BS
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		BS
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		BS
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	BS	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		BS
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	BS	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		BS
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		BS
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		BS
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		BS

Applicant's initials BS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
15 JAN 2013		NV	LAS VEGAS	CLARK
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-13-675007-C		EIGHT JUDICAL DISTRICT COURT		
Reason/Charge				
CLASS ACTION				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
BLAKE AND JAMES SETTLEMENT Class				
Name of Business/Industry/Entity				
NEVADA PROPERTY 7 LLC				

Provide explanation below: COMPANY FAILED TO PAY HOURLY EMPLOYEES FOR ALL TIME WORKED.

Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials BB

JONES LAW FIRM
9585 Prototype Ct. Suite B
Reno, NV 89521
Phone (775) 853-6440
Fax (775) 853-6445
www.cjoneslawfirm.com

CHARLES A. JONES
CA Bar No. 224915
NV Bar No. 6698
CO Bar No. 36463
NY Bar No. 4415691

KELLY MCINERNEY
CA Bar No. 200017
NV Bar No. 7443

August 30, 2013

BASIL S BLAKE
[redacted] SIENA HEIGHTS DR [redacted]
HENDERSON NV, 89052

RE: Cosmopolitan Security Officer Unpaid Wages Class Action

Dear BASIL S BLAKE,

You are receiving this letter because the Cosmopolitan of Las Vegas' records indicate that you may be a potential class member in a class action lawsuit pending against the Cosmopolitan on behalf of **all hourly Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013.** The name of the case is **Basil Blake and Aaron James v. Nevada Property 1, LLC** (Case No. A-13-675007). This case was filed in Nevada state court – the Eighth Judicial District Court of Nevada In and For Clark County – on January 15, 2013. This case only involves hourly Security Officers employed by the Cosmopolitan during the dates listed above.

The case alleges that the Cosmopolitan failed to pay its hourly Security Officers for all time worked. Specifically, the case alleges that the Cosmopolitan failed to pay its hourly Security Officers for "off the clock work" associated with the time it took Security Officers to wait in line to and actually check in/out the tools and equipment necessary to perform their job (radio, keys, Itouch, safecracking tools) and to travel to and from the garment district both before the security officers formally clocked in and after the security officers clocked out. The case also alleges that the Cosmopolitan failed to pay its security officers for time spent attending pre-shift briefings before their scheduled shift start time. The case seeks unpaid wages for all hourly Security Officers employed by the Cosmopolitan during the time frame noted above. Cosmopolitan changed its pay practices after this lawsuit was filed.

We are pleased to inform you that the parties have reached a tentative settlement in this case which, subject to court approval, will provide substantial monetary compensation for all hourly

(cont'd on back...)

Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013. The parties will be filing a motion for approval of this settlement with the Court shortly. If the settlement is preliminarily approved by the Court, you will be receiving a formal notice approved by the Court explaining the terms of the settlement and your legal rights to make a claim for money, object to the settlement and/or exclude yourself from the settlement.

If you have any questions about this case, please don't hesitate to contact us at 775-853-6440. You can also submit any questions about this case to us through our web site www.cjoneslawfirm.com. I look forward to hearing from you.

Sincerely,

JONES LAW FIRM

Charles A. Jones, Esq.
Attorneys for Basil Blake and Aaron James

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
March 2, 2016		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		NV. PRIVATE INVESTIGATORS LICENSING BOARD		
Reason/Charge				
APPLICATION PROCESS FOR BLAKE SECURITY LLC #2162				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below: VIDEO BOARD CONFERENCE AND LIVE QUESTIONING FROM BOARD OF DIRECTORS.

Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials

State of Nevada

Private Investigator's Licensing Board

Board Members

Mark Zane, Chairman
Jim Colbert
Raymond Flynn
Peter Maheu
Jim Nadeau

Kevin Ingram, Executive Director

3110 S. Durango Drive, Suite 203
Las Vegas, Nevada 89117
Telephone: (702) 486-3003
Fax: (702) 486-3009
pilbinfo@ag.nv.gov
www.nevadapiboard.org

PRIVATE INVESTIGATOR'S LICENSING BOARD

The Private Investigator's Licensing Board of the State of Nevada is scheduled to hold its regularly scheduled meeting:

DATE: **Wednesday, March 2, 2016**

Board meetings are held at the following locations and connected through videoconferencing (Board Members and Staff are present in both locations):

Northern Nevada:

Office of the Attorney General
100 North Carson Street
Mock Court Room
Carson City, Nevada 89701

Southern Nevada:

Grant Sawyer State Office Building
555 E. Washington Ave
Attorney General Conference Room, Suite 4500
Las Vegas, Nevada 89101

TIME: **9:00 a.m.**

1. Roll call of Board Members

2. **Public Comment**
   Members of the general public may comment on matters appearing on the agenda and may bring matters not appearing on the agenda to the attention of the Board. The Board may discuss the matters not appearing on the agenda, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future agenda for action. Public comments may be limited to 5 minutes per person at the discretion of the Chairman but will not be restricted according to viewpoint.

   Note: In addition to Public Comment taken at the beginning and end of the meeting, Public Comment may be accepted after each agenda item prior to the Board taking action.

3. Review current financial report

4. Review and approve minutes from December Board meeting *"for possible action"*

5. All applicants, witnesses and attendees that will be providing testimony to be sworn in

ITEMS CARRIED OVER FROM DECEMBER BOARD MEETING

6. Omni & Associates Global, Inc. is applying for a new corporate Private Patrolman license. Adrien M. Muya is applying for a new individual Private Patrolman license. If approved, he is requesting that his individual license be placed into abeyance so that he may become the qualifying agent. Corporate Officer to be approved is Adrien M. Muya. This is subject to all statutory and regulatory requirements. "for possible action"

CORPORATE OFFICER

7. Examination Management Services, Inc., dba, ICS Merrill, license number 751, is seeking Corporate Officer approval for James D. Calver, Gregory A. Moerschel, and Matthew T. Phillips. This is subject to all statutory and regulatory requirements. "for possible action"

8. Sedgwick Factual Photo, Inc., license number 1658, is seeking Corporate Officer approval for Henry C. Lyons and Stephen R. Hurley. This is subject to all statutory and regulatory requirements. "for possible action"

CHANGE OF LICENSING STATUS – QUALIFYING AGENT, EXISTING CORP

9. Steven C. Thompson is requesting a change in licensing status. Mr. Thompson is requesting to transfer his qualifying agent status from Thompson Security Corp. License Number 1310 to Vander Protective Services, LLC, license number 1847B. This is subject to all statutory and regulatory requirements. "for possible action"

10. Randall M. Powers is requesting a change in licensing status. Mr. Powers is requesting that his individual license, license number 1372 be kept in abeyance so that he may become the qualifying agent for Total Security Solutions, Inc., license number 1650. This is subject to all statutory and regulatory requirements. "for possible action"

11. Carl H. Thomas is requesting a change in licensing status. Mr. Thomas is requesting that his individual license, license number 1877B be kept in abeyance so that he may become the qualifying agent for Thomas Protective service, Inc., license number 1309. This is subject to all statutory and regulatory requirements. "for possible action"

12. Douglas L. Florence is requesting a change in licensing status. Mr. Florence is requesting that his individual license, license number 1672, be kept in abeyance so that he may become the qualifying agent for BestMark, Inc., license number 1095. This is subject to all statutory and regulatory requirements. "for possible action"

Private Investigators Licensing Board

State of Nevada

This is to Certify that after the applicant named herein has properly submitted the required application, passed the State of Nevada written examination and has come before this professional licensing board in person for proper review of professional experience in the area of interests. Let it be known that

Blake Security, LLC

BASIL BLAKE/Qualifying Agent

is hereby permitted, granted and entitled the privilege of conducting the business of

Private Patrolman

License # 2162B

This certificate is issued pusuant to Chapter 648, Statutes of Nevada as amended. This certificate / professional license is valid from

June 30, 2017 - June 30, 2018

Chairman

Executive Director

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BASIL BLAKE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/20/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Basil Shawn Blake, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/20/2021
Date

Subscribed and Sworn to before me this 20 day of July 2021.

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Ethel Amaya
My Appointment Expires
April 21, 2025
No. 21-8709-01

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1690 E Desert Inn Rd. Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1120 W. Northwest Hwy. Suite 100

City Grapevine State TX Zip 76051

Telephone 817.512-0009 Website

Licensing Company Email licensure@receptyx.com

Section 2: Personal Information

First Paulina Middle Van Last Ngo

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Carmelo DR.

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials PV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
MCPHS			06/2001 - 06/2004	
Address		City	State	Zip
19 Foster St.		Worchester	MA	01608
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Cal State Fullerton			06/93 - 06/1998	
Address		City	State	Zip
800 N State College Blvd		Fullerton	CA	92831
Diploma/Degree obtained, if any				
BA of Marketing				
School Name			From - To (MM/YY – MM/YY)	
Bolsa Grande H.S.			08/1989 - 06/1993	
Address		City	State	Zip
9401 Westminster		Garden Grove	CA	92844
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2018 - Now	[redacted] Carmelo Dr.	Henderson	NV	89052
01/2014 - 06/2018	[redacted] Alta Donna Ave	Las Vegas	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: SafeHealth Inc.			From - To (MM/YY – MM/YY): 07/2019 - 02/2020
Business Address:	City: Las Vegas	State: NV	Zip:
Phone:	Title: Pharmacy In Charge		
Description of Duties: Opening Operation of new pharmacy			

Business Name: Trinity Pharmacy			From - To (MM/YY – MM/YY): 3/2017 - 05/2019
Business Address: 2707 S. Maryland Pkwy #28	City: Las Vegas	State: NV	Zip: 89109
Phone:	Title:		
Description of Duties:			

Business Name: CVS Caremark			From - To (MM/YY – MM/YY): 01/2010 - 3/2017
Business Address: S Green Valley Pkwy	City: Henderson	State: NV	Zip: 89052
Phone: 702-616-9660	Title: Full time Pharmacist		
Description of Duties: Performing daily operation of a pharmacist			

Business Name: Albertsons LLC			From - To (MM/YY – MM/YY): 04/2005 - 01/2010
Business Address: 1750 US Hwy #1	City: Vero Beach	State: FL	Zip: 32960
Phone:	Title: Pharmacy In Charge		
Description of Duties: Performing daily operations of PIC			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Applicant's initials: _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		/
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		/
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		/
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		/
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		/
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		/
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		/
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		/
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		/
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		/

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paulina Ngo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/27/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Paulina Ngo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/28/2021

Date

Subscribed and Sworn to before me this 28th day of December, 2021.

Notary Public Signature

RICHARD S. FLETCHER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-11-2024
Certificate No: 17-1501-1

(Seal)

Applicant's initials

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b

☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Medicine Shoppe LTC Pharmacy

Physical Address: 5801 W. Craig Dr., Ste. 130

City: Las Vegas, NV State: Zip Code: 89130 Telephone: (702) 268-8808

Fax: (702) 268-8848 Toll Free Number: N/A

E-mail: 2169@medicineshoppe.com

Website: www.medicineshoppe.com

Managing Pharmacist: Don Le License Number: 12751

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☑	☐ Long Term Care
☐	☑ Other: _____	☑	☐ Sterile Compounding
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☑	☐ Mail Service Sterile Compounding
	For the application to be complete	☐	☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mariana A. S

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 11027 Sardinia Sands Dr.

City: Las Vegas State: NV Zip: 89141

Telephone: (702) 268-8808 Fax: (702) 268-8848

Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Mariana Tadros - [redacted] Spyglass Dr., Corona, CA 92883
Name Business Address

b) Wael Anwar - [redacted] Lion St., Rancho Cucamonga, CA 91730
Name Business Address

c) Chad Valencia - [redacted] Sardina, Las Vegas NV 89141
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 5,000

3) What was the price paid per share? $0.00

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 09:00pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191561333

Section 11: Managing Pharmacist Acknowledgement/Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DON LE Pharmacist Registration #: 12751

Pharmacy Name: The Medicine Shoppe PHARMACY

Initial each statement below to indicate you have read and agree with the following:

DL — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DL — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DL — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DL — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DL — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		NO ✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		NO ✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		NO ✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		NO ✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
N/A			

Criminal Action	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/21/2021
Date

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Mariana Tadros

Responsible Person of The Medicine Shoppe LTC Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Mariana A S

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros
Print Name of Authorized Person

7/17/2020
Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside)

On July 17, 2020 before me, D. Antonio Martin Notary Public
(insert name and title of the officer)

personally appeared Mariana Tadros,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

D. ANTONIO MARTIN
Comm. #2239451
Notary Public · California
Riverside County
Comm. Expires Jan 26, 2022

Signature D. Antonio Martin (Seal)

Managing Pharmacist

Pharmacist Name: DON LE License #: 12751

Pharmacy Name: THE MEDICINE SHOPPE

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

N/A

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions. answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 11/29/2021

List of officers and directors

President	Mariana Tadros
Secretary	Mariana Tadros
Treasurer	Mariana Tadros
Director	Mariana Tadros

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 10/21/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for The Designated Representative FOR THE MEDICINE SHOPPE
Nature of Pharmacy or Wholesaler

5801 W. CRAIG RD. LAS VEGAS, NV 89130
Name and Address of Business for Which Designated Representative is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
LE	DON	NGUYEN

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Oasis Palm ct.	LAS VEGAS	NV 89117

Present Business Address	Dates	City	State/Zip
N/A			

Present Position with the Pharmacy or Wholesaler	Dates	Phone: Residence / Business
N/A		

Date of Birth	Place of Birth (City, County, State)
[redacted]	VIETNAM

Age	Social Security Number or ITIN	Sex
62	[redacted]	

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLACK	BLACK	FAIR	170 lbs	NORMAL	5'10"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No [redacted] Date June 17, 1987

Place U.S. District Court Eastern District of Louisiana (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated (Divorced) Widowed Engaged

Applicant's initial DL

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) SS# or ITIN

Date of Birth Place of Birth

Resident address
Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
LINH PHAM	3/29/2019	LAS VEGAS	DIVORCED	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
LINH PHAM	[redacted]	ANTELOPE CANYON AV.	LAS VEGAS, NV	89147	[redacted]

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
LYNH N. LE	[redacted]	LAS VEGAS, NV USA.	[redacted] ANTELOPE CANYON AVE LAS VEGAS, NV 89147

B. **Child Support Information:**

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DL

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

N/A Name_____

Address_____

Contact person_____

C. Parents: N/A (DECEASED)

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
N/A Mother				
Father-in-Law				
Mother-in-Law				

N/A **D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	DACLO	VIETNAM	1965 1970	(Yes) No
High School	DACLO	VIETNAM	1970-1975	(Yes) No
College University	SCHOOL OF PHARMACY - UNIVERSITY OF LOUISIANA AT MONROE MONROE, LA		1986-1991	(Yes) No
Other				Yes No

Type of degree obtained, if any PHARMACY DEGREE (B.S. in PHARMACY)

College or university where obtained SCHOOL OF PHARMACY - UNIVERSITY OF LOUISIANA AT MONROE

Applicant's initial DL

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

N/A Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

N/A While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → (No) → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes → (No) →

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

N/A B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial DL

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
N/A Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
N/A Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/2019 - PRESENT	[redacted]	OASIS PALM CT., LAS VEGAS, NV 89117	
1/2006 - 12/2018	[redacted]	ANTELOPE CANYON AVE. LAS VEGAS, NV 89147	
1/1996 - 12/2005	Various Addresses in LAS VEGAS, NV (Don't remember)		

Applicant's initial DL

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2/2018 - Contract(ended)	CVS HEALTH/CAREMARK - CVS CAREMARK, IRVING, TX 75039	1,000
Title	**Description of Duties**	**Name of Supervisor**
PHARMACIST	Reviewed, Provided drug Therapy, DUR, Medicare	Tom Pornaje

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2017 - Current/on call	SPECIALTY ALL IN ONE PHARMACY 2080 FLAMINGO, LAS VEGAS, NV 89119	2,080
Title	**Description of Duties**	**Name of Supervisor**
PHARMACY MANAGER/PIC/PHARMACIST	Managed/Supervised and oversaw all activities of Pharmacy	Han Vanhoeve

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2016-12/2017	Carson Tahoe Hospital - 1600 Medical Wy, Carson City, NV 89703	1,500
Title	**Description of Duties**	**Name of Supervisor**
PHARMACIST	Made IV, TPN, checked all meds, Supervised all technicians	Mr. Kevin

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2014 - 10/2016	Specialty Compound Pharmacy - 2560 Sunset Rd, Las Vegas, NV 89120	4,000
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager/PIC	Compounding, Managed, Supervised & oversaw all activities of Pharmacy,	Self

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2012 - 8/2014	Montevista Hospital - 5900 W. Rochelle Ave, Las Vegas, NV 89103	500
Title	**Description of Duties**	**Name of Supervisor**
Clinical Pharmacist	Made IV, TPN, dispensed all meds, Consulted, Supervised all Tech.	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2000 - 12/2011	Express script/Medco Health - 6225 Annie oakley Dr, Las Vegas, NV 89120	25,000
Title	**Description of Duties**	**Name of Supervisor**
Staff Pharmacist	Worked in Call Center, checked all meds, Dispersed, Consulted, Mail order	Tom Beranek

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
5/2001 - 12/2003	Costco Pharmacy - 801 S. Pavilion center Dr. Las Vegas, NV 89144	2,500
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Prepared & dispensed meds, consulted, Supervised all technicians -	Mr. Brandon

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2000 - 8/2001	Walgreens Pharmacy - 2427 Las Vegas Blvd, Las Vegas, NV 89104	2,000
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	checked all meds, dispersed all meds, Consulted, Supervised all technicians	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2000 - 12/2002	Caro pharmacy (LTC), for Nursing Homes, Assisted Living Facilities (ALF)	
Title	**Description of Duties**	**Name of Supervisor**
PHARMACY MANAGER/PIC	Managed, Supervised & oversaw all activities of whole Pharmacy	Ms. Caro 4,000

To be continued on page 10

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DL

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name Allan Barth	Home	Las Vegas, NV 89103	[redacted]	15 yrs
Employer Medco Health	Business			
Name Festus Iyoha	Home	Las Vegas, NV 89130	[redacted]	15
Employer Medco Health	Business			
Name Gary Bodnar	Home	Las Vegas, NV 89146	[redacted]	15
Employer Medco Health	Business			
Name Kevin Kramp	Home	Las Vegas, NV 89103	[redacted]	20
Employer Medco Health	Business			
Name Edie	Home	Las Vegas, NV 89146	[redacted]	15
Employer Medco Health	Business			

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

(Yes) No

If yes, state type, where and years held

Pharmacist, Nevada, 17 November 1995

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes (No)
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes (No)

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes (No)

If yes to the above, state where, when and for what reason:

N/A

Applicant's Initial DL

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

ATTACH PHOTOGRAPH



Date of **photograph** October 30, 2021

Applicant's initial DL

STATE OF Nevada

ss.

COUNTY OF Clark

I, Don Nguyen Le, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of November, 2021

Notary Public

KEETHAN NOJIRI
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-03-24
Certificate No: 20-3628-01

(seal)

Applicant's initial DL

8. Employment (cont.)

1/2000 - 9/2002 Caro Pharmacy (LTC), Nursing Homes, Assisted Living Facilities (ALF)
4000 employed Hours Las Vegas, NV 89102
Owner/Supervisor: Ms. Caro
Title: Pharmacy Manager/PIC
Duties: Managed, Supervised & oversaw all activity of pharmacy

1996 - 2000 Sav-on/Albertsons Pharmacy, LV, NV 8,000 hrs employed
Title: Pharmacist
Duties: Dispensed, consulted, fulfilled all duties of a pharmacist. Supervisor Mr. Arman

1996 - 1997 Federal clinic Pharmacy (Indian Paiute Tribe) 2,000 employed Hrs
Title: Pharmacy Manager/PIC Las Vegas, NV
Duties: Managed, Supervised & oversaw all activity of pharmacy
Worked with nurses, Medical assistants, Healthcare professionals
Owner/Supervisor: Different Federal People.

Applicant's initial DL

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tadros | Mariana | Awni Al Fakhouri
Last Name | First Name | Middle Name

Maiden name: "Mariana Alfakhouri"
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Spyglass Dr., Corona, CA 92833
Present Residence Address-Street or RFD | City | State/Zip

9194 Magnolia Ave., Riverside, CA 92503 Dates 04/2015 - Present
Present Business Address | City | State/Zip

Administration/Manager Dates 04/2018 - Present
Occupation

Phone: Residence [redacted]

Business (951) 977-8667

[redacted]
Date of Birth

Al Salt , Amman, Jordan
Place of Birth (City, County, State)

33 | [redacted] | Female
Age | Social Security Number | Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light	119lbs	Slim	5'4"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date 10/14/2015

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial M.T

A. **Current Marriage** 11/10/2013 (Date) Pasadena, Los Angeles, CA (City, County and State)

Spouse's full name (Maiden) Michael Tadros S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Spyglass Dr., Corona, CA 92833 (Street / City / State / Zip)

Telephone: Residence [redacted] Business (909) 542-9365

Spouse's employer The Medicine Shoppe Occupation Pharmacist / Pharmacy Owner

Address of employer 9675 Monte Vista Ave., Ste. A, Montclair, CA 91763 (Street / City / State / Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Edward Tadros	[redacted]	Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
Ethan Tadros		Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial M.T

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Awni Alfakhouri Father	[redacted]	[redacted] Spyglass Dr., Corona, CA 92833	Clerk
Raghda Alfakhouri Mother		[redacted] Spyglass Dr., Corona, CA 92833	Home maker
Edward Tadros (deceased) Father-In-Law		Cairo Egypt	Teacher
Nariman Hanna Mother-In-Law		[redacted] Spyglass Dr., Corona, CA 92833	Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Hisham Alfakhouri	[redacted]	Alsalt, Jordan	Sales Representative
Spouse Rita Dawoud		Alsalt, Jordan	Medical Assistant
Hussam Alfakhouri		Alsalt, Jordan	Sales Representative
Spouse Mera Fakhoury		Alsalt, Jordan	Preschool Principle
N/A			
Spouse N/A			
N/A			
Spouse N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A	N/A	N/A	Yes ☐ No ☐
High School	Granite Hills	Apple Valley, CA	2002 - 2004	Yes ☑ No ☐
College University	La Sierra University	Riverside, CA	2007 - 2010	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Biology

College or university where obtained La Sierra University

Applicant's initial M.T

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial M.T

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2015 - Present	[redacted] Spyglass Dr., Corona, CA 92883		
09/2013 - 03/2015	[redacted] Dakin Dr., Corona, CA 92882		
04/2008 - 09/2013	[redacted] Miami St., Riverside, CA 92506		
05/2002 - 04/2008	[redacted] Apple Valley Rd,. #4, Apply Valley, CA 92307		
07/1995 - 05/2002	Alsalt, Jordan		
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial M.T

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

04/2018 - Present	The Medicine Shoppe - 9194 Magnolia Ave., Riverside, CA 92503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Administration and Management	Self
Title	Description of Duties	Name of Supervisor
06/2015 - 04/2018	The Medicine Shoppe - 10237 Magnolia Ave., Riverside, CA 92503	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Human Resources Associate	Assist with employee training, relations, benefits, compensation	Michael Tadros
Title	Description of Duties	Name of Supervisor
12/2013 -	Allergan - 2525 Dupont Dr, Irvine, CA 92612	Laid off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
07/2013 - 12/2013	Adecco Medical Sciences - 2525 Dupont Dr, Irvine, CA 92612	Hired at Allergan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettias
Title	Description of Duties	Name of Supervisor
09/2010 - 08/2012	LLVare - 710 Brookside Ave, Redlands, CA 92373	Personal Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Research Technician	Isolation of RNA & DNA, measurements of mRNA & pre-mRNA	Yossouf Amaar
Title	Description of Duties	Name of Supervisor
01/2009 - 06/2010	La Sierra University - 4500 Riverwalk Pkwy, Riverside, CA 92505	Contract Ended
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Teacher Assistant	Assistance in office & lab classes for Physics & Biology	Eugene Joseph
Title	Description of Duties	Name of Supervisor
10/2004 - 01/2009	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M.T

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Rindala Obeid	Home Loma Linda, CA 92354				[redacted]	12
Employer Kaiser	Business 9961 Sierra Ave, Fontana, CA 92335				(833) 574-2273	
Name Miriam Nagoulat	Home San Bernardino, CA 92346				[redacted]	13
Employer Loma Linda University	Business 25455 Barton Rd., Loma Linda, CA 92354				(909) 558-4000	
Name Uyan Azia	Home Eastvale, CA 92880				[redacted]	11
Employer Riverside University Health System	Business 4065 County Circle Dr., Riverside, CA 92503				(951) 358-5000	
Name Dina Wasef	Home Corona, CA 92882				[redacted]	11
Employer Kaiser	Business 10800 Magnolia Ave, Riverside, CA 92505				(833) 574-2273	
Name Hamsa Azar	Home Upland, CA 91784				[redacted]	10
Employer Kaiser	Business Sierra Ave, Fontana, CA 92335				(833) 574-2273	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held
Liquor - Irvine, CA - 2019
N/A
N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☑ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

(Pharmacy; 04/2018 - Present; The Medicine Shoppe; 9194 Magnolia Ave., Riverside, CA 92503; California State Board of Pharmacy)
(Pharmacy; 02/2019 - Present; The Medicine Shoppe; 31946 Mission Trl., Ste. A-1, Lake Elsinore, CA 92530; California State Board of Pharmacy
Partner - Fady Mosaad - [redacted]/an Buren Blvd., #924, Riverside, CA 92503)
(Restaurant; 11/2014 - Present ; Cafe 350 - 350 Commerce, Unit 150, Irvine, CA 92602
Partner - Gerges [redacted] Pointe Vista Ln., Corona, CA 92881)

Applicant's initial M.T

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☑ No ☐

A



Date of photograph 7/2/2020

Applicant's initial MT

STATE OF California
ss.

COUNTY OF Riverside

I, Mariana Tadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Mariana A.T.
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of

July 2020

D. Antonio Mtz.
Notary Public

(seal)

D. ANTONIO MARTIN
Comm. #2239451
Notary Public California
Riverside County
Comm. Expires Jan 26, 2022

Applicant's initial M.T

ADDITIONAL INFORMATION

N/A

Applicant's initial M-T

THE UNITED STATES OF AMERICA

No. [redacted]

CERTIFICATE OF NATURALIZATION

USCIS Registration No. [redacted]

Personal description of holder as of date of naturalization:

Date of birth: [redacted]

Sex: FEMALE

Height: 5 *feet* 4 *inches*

Marital status: MARRIED

Country of former nationality: JORDAN



I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Mariana A T

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: SAN BERNARDINO, CALIFORNIA

The Secretary having found that:

MARIANA AWNI ALFAKHOURI TADROS

residing at: CORONA, CALIFORNIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by:

US DISTRICT COURT CENTRAL DISTRICT

at: LOS ANGELES, CALIFORNIA *on:* OCTOBER 14, 2015

such person is admitted as a citizen of the United States of America.

In Witness Whereof, the Secretary of Homeland Security has caused the Seal of the Department to be hereunto affixed.

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW.

DEPARTMENT OF [illegible]

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3642

Date 07/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Anwar	Wael	Nabil
Last Name	First Name	Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Lion St., Rancho Cucamonga, CA 91730
Present Residence Address-Street or RFD — City — State/Zip

1 World Way, Los Angeles, CA 90045 Dates 09/2012 - Present
Present Business Address — City — State/Zip

Flight Attendant Dates 06/2001 - Present
Occupation

Phone: Residence [redacted]

[redacted] Business (800) 693-3582
Date of Birth

Cairo, Egypt
Place of Birth (City, County, State)

43	[redacted]	Male
Age	Social Security Number	Sex

Brown	Black	Light	185lbs		5'7"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date 07/22/2005

Place Pomona, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial WA

A. **Current Marriage** 05/21/2006 (Date) Mississauga, ON, Canada (City, County and State)

Spouse's full name (Maiden) Maria F. Kozman S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

Telephone: Residence [redacted] Business N/A

Spouse's employer Self Occupation Homemaker

Address of employer [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Anwar	[redacted]	Glendora, CA	[redacted] Lion St., Rancho Cucamonga, CA 91730
Mina Anwar		Glendora, CA	[redacted] Lion St., Rancho Cucamonga, CA 91730
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial WA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nabil Awad	[redacted]	[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Manager
Mother	Zeizaf Ibrahim		[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Home Maker
Father-in-Law	Fayez Mousa Kozman		[redacted] Mohamad Abdalla St., Cairo, Egypt	Public Relations Manager
Mother-In-Law	Kamilia Abdelsayed		[redacted] Lion St., Rancho Cucamonga, CA 91730	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Sameh Awad	[redacted]	[redacted] Elder Eastwood Ave., Orange, CA 92689	Business Owner
Spouse	Maria Botrous		[redacted] Elder Eastwood Ave., Orange, CA 92689	Home Maker
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	College Patriarcal	Egypt	1981-1990	Yes ☑ No ☐
High School	College De La Salle	Egypt	1990 - 1993	Yes ☑ No ☐
College University	Helwan University	Egypt	1994 - 1998	Yes ☑ No ☐
Other	N/A			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Commerence & Business Administration

College or university where obtained Helwan University

Applicant's initial WA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ 'No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial WA

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2012 - Present	[redacted] Lion St.,	Rancho Cucamonga,	CA 91730
01/2007 - 08/2012	[redacted] Grove Ave., #1403,	Rancho Cucamonga,	CA 91730
02/2005 - 12/2006	[redacted] Lomita Dr., #B,	Alta Loma,	CA 91701
02/2003 - 01/2005	[redacted] Placer St., #D,	Rancho Cucamonga,	CA 91730
06/2002 - 01/2003	[redacted] Brevoort St.,	Kew Gardens,	NY 11415
01/2002 - 05/2002	[redacted] 118th St.,	Kew Gardens,	NY 11415
04/2001 - 12/2001	[redacted] Talbot St., #PH-6E,	Kew Gardens,	NY 11415
01/2001 - 03/2001	[redacted] Cameron Ave.,	Rancho Cucamonga,	CA 91729
01/2000 - 12/2000	[redacted] Pacific Ave.,	Riverside,	CA 92509
10/1999 - 12/1999	[redacted] W. Badillo St.,	West Covina,	CA 91790
12/1994 - 09/1999	[redacted] Kaitbay St.,	Heliopolis, Cairo,	Egypt

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

06/2001 - Present	Delta Airlines - 1 World Way, Los Angeles, CA 90045	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Flight Attendant	Guide and assist the safety and comfort of passengers	Jesse Rhodes
Title	Description of Duties	Name of Supervisor
12/2010 - Present	Miracle Medical Industries, Inc. - 1701 S. Vineyard Ave., #E, Ontario, CA 91761	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Importing and Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
09/2013 - 12/2014	Delicare Medical Supplies - 2132 S. Grove Ave., #6, Ontario, CA 91761	Closure of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
03/2005 - 12/2010	Valero - 01 W. 6th St., Corona, CA 92882	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2003 - 02/2005	Valaro - 5700 Atlantic Blvd., Maywood, CA 90270	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2000 - 05/2001	Mobil - 6824 Valley Way, Riverside, CA 92509	Hired at Delta Airlines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Managing employees and daily operations	Nagy Attalla
Title	Description of Duties	Name of Supervisor
06-1999 - 09/1999	Delta Bank - 1191 Kornich El Nile , Downtown , Cairo , Egypt.	Immigrated to USA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Accountant	Process letter of credits to receive and send internationally	Tarek
Title	Description of Duties	Name of Supervisor
08/1998 - 05-1999	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial WA

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Adel Ebeid	Home [redacted] Church St., Apt 106, Rancho Cucamonga CA 91730				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Ramy Barsoum	Home [redacted] Shelby P., Apt 136 Rancho Cucamonga, CA 91739				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Philip Youssef	Home [redacted] Melbourne Pl., Riverside CA 92508				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Marianna Tadros	Home [redacted] Spyglass Dr., Corona, CA 92883				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Michael Tadros	Home [redacted] Spyglass Dr., Corona, CA 92883				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial WA

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑



Date of photograph 06/20/20

Applicant's initial WA

STATE OF Calfornia
ss.

COUNTY OF San Bernardino

I, WAEL N. ANWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....
Notary Public

(seal)

See Attached
Notarial Certificate

Applicant's initial WA

CALIFORNIA JURAT

(CALIFORNIA GOVERNMENT CODE § 8202)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before me on this 16 day of July, 2020,
by Wael Nabil Anwar, proved to me on the basis of
(Name of Signer(s))
satisfactory evidence to be the person(s) who appeared before me.

CONTESSA RENEA LEE
Notary Public - California
San Bernardino County
Commission # 2180146
My Comm. Expires Jan 16, 2021

Signature of Notary Public (Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Personal History Document Date: 7/16/2020

Number of Pages: 10 Signer(s) Other Than Named Above: N/A

Additional Information: N/A

N/A

Applicant's initial WA

THE UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION

No. [redacted]

Personal description of holder as of date of naturalization:

Date of birth: [redacted]

Sex: **MALE**

Height: **5** feet **7** inches

Marital status: **SINGLE**

Country of former nationality:
EGYPT



CIS Registration No. [redacted]

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **LOS ANGELES, CALIFORNIA**

The Secretary having found that

WAEL NABIL ANWAR

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT CENTRAL DISTRICT

at: **POMONA CALIFORNIA** on: **JULY 22, 2005**

that such person is admitted as a citizen of the United States of America.

Director, U. S. Citizenship and Immigration Services

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 REV. 4/04

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07-16-2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Valencia (Last Name) | Chad (First Name) | Alexander (Middle Name)

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Sardinia Sands Dr., Las Vegas, NV 89141
Present Residence Address-Street or RFD | City | State/Zip

6432 Beckman Glen Ct., Las Vegas, NV 89141 Dates 10/2019 - Present
Present Business Address | City | State/Zip

Data Analyst/Scientist, Consultant Dates 10/2019 - Present
Occupation

Phone: Residence [redacted]
Business (626) 672-6902

[redacted]
Date of Birth

Whitter, Los Angeles, CA
Place of Birth (City, County, State)

37 (Age) | [redacted] (Social Security Number) | Male (Sex)

Brown	Black	Tan	220lbs	Large	5'7"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☑ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initial CV

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
Date City, County and State

Spouse's full name (Maiden)..... S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....
Street City State Zip

Telephone: Residence ..... Business .....

Spouse's employer..... Occupation.....

Address of employer.....
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial .....

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Arturo Valencia Father	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Business Development
Cristina Enrile Mother		[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Accountant
N/A Father-in-Law			
N/A Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Robert Valencia Spouse	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Teacher
N/A Spouse			
N/A Spouse			
N/A Spouse			
N/A Spouse			
N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	GSE / Suzanne Middle School	Walnut, CA	09/1991 - 06/1996	Yes ☑ No ☐
High School	Walnut High School	Walnut, CA	09/1997 - 06/2000	Yes ☑ No ☐
College University	UCLA	Los Angeles, CA	09/2000 - 06/2003	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science, Mathematics-Economics

College or university where obtained University of California, Los Angeles

Applicant's initial CV

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☑ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Art Valencia	Father	Immigration Fraud	Los Angeles, CA	2008
N/A				
N/A				

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/2019 - Present	[redacted]	Sardinia Sands Dr.,	Las Vegas, NV 89141
09/2018 - 10/2019	[redacted]	52nd St., Apr. 3F,	Woodside, NY 11377
03/2013 - 09/2018	[redacted]	Laurel Ridge Dr.,	Riverside, CA 92509
09/2012 - 03/2013	[redacted]	Sardinia Sands Dr.,	Las Vegas, NV 89141
09/2009 - 09/2012	[redacted]	Beckman Glen Ct.,	Las Vegas, NV 89141
01/2007 - 09/2009	[redacted]	Laurel Ridge Dr.,	Riverside, CA 92509
09/2005 - 01/2007	[redacted]	52nd St., Apr. 3F,	Woodside, NY 11377
06/2003 - 09/2005	[redacted]	Muirfield Ln.,	Walnut, CA 91789
06/2002 - 06/2003	[redacted]	Gayley Ave.,	Los Angeles, CA 90024
09/2000 - 06/2002	[redacted]	De Neve Dr.,	Los Angeles, CA 90024
12/1994 - 09/2000	[redacted]	Muirfield Ln.,	Walnut, CA 91789

Applicant's initial CW

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

05/2019 - 12/2019	Noble Desktop - 185 Madison Ave., New York, NY 10016	Moved to Las Vegas
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Zach Cohen
Title	Description of Duties	Name of Supervisor
05/2018 - 05/2019	Codecademy - 575 Broadway, New York, NY 10012	Moved to New York
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Tracy Teague
Title	Description of Duties	Name of Supervisor
10/2017 - Present	Freelance Data Scientist	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Data Scientist	Independent Data Projects	Self
Title	Description of Duties	Name of Supervisor
10/2004 - 09/2017	Owl Homecare Pharmacy - 13851 Garvey Ave Suite A Baldwin Park, CA 91706	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Analyst	Billing Analysis and Consulting	Cristina Valencia
Title	Description of Duties	Name of Supervisor
10/2001 - 10/2004	Unemployed	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
10/2000 - 10/2001	UCLA Access Control - 330 De Neve Dr, Los Angeles, California 90024	Focus on graduating
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Volunteer	Access Monitor Security for Droms	Junji Toshima
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial CV

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name Jane Lagunilla	Home [redacted]	White Sands Way, Arverne, NY 11692	[redacted]	15
Employer Memorial Sloan Kettering	Business	16 E. 60th St., New York, NY 10022	(646) 888-6001	
Name Theresa Francisco	Home [redacted]	White Sands Way, Arverne, NY 11692	[redacted]	30
Employer Retired	Business	N/A		
Name Tony Chou	Home [redacted]	Walnut Canyon Rd., Walnut, CA 91789	[redacted]	25
Employer LA-USC	Business	2051 Marengo St., Los Angeles, CA 90033	(323) 409-1000	
Name David Aure	Home [redacted]	Scotch Pine Ridge, Yorba Linda, CA 92886	[redacted]	25
Employer Realtor	Business	5685 Scotch Pine Ridge, Yorba Linda, CA 92886	(714) 944-2933	
Name Brandon Nichols	Home [redacted]	Overland St., Riverside, CA 92503	[redacted]	10
Employer Self-Employed	Business	3822 Overland St., Riverside, CA 92503	(951) 999-0339	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other persons depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held
N/A
N/A
N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
N/A
N/A
N/A

Applicants initial [signature]

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

ATTACH PHOTOGRAPH



Date of photograph 07-16-2020

Applicant's initial CV

STATE OF Nevada

ss.

COUNTY OF Clark

I, Chad Valencia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of July 2020

Notary Public

STEPANIE PARLADE
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-3080-1
My App. Expires July 12, 2022

Applicant's initial

ADDITIONAL INFORMATION

N/A

Applicant's initial _____

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
Assistant United States Attorney
Public Corruption & Civil Rights Section
1300 United States Courthouse
312 North Spring Street
Los Angeles, California 90012
Telephone: (213) 894-7383
Facsimile: (213) 894-6436
E-mail: Elisa.fernandez@usdoj.gov

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA STIPULATION TO CONTINUE DEFENDANT ARTURO VALENCIA'S SENTENCING HEARING Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

Plaintiff United States of America, by and through its counsel of record, the United States Attorney for the Central District of California, defendant Arturo Valencia ("Valencia"), individually and through his counsel, Federal Public Defender Nadine Hettle, hereby agree and jointly stipulate, and request that the court continue defendant Valencia's sentencing hearing from July 20, 2007, at 8:30 a.m., to January 8, 2008, at 8:30

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a.m. for the following reasons:

1. On February 14, 2005, defendant Valencia pled guilty to a two-count information of conspiring to commit immigration fraud and his participation in an immigration fraud scheme which involved the law corporation of Korenberg, Abramowitz & Feldun ("KAF").

2. After defendant entered his guilty plea, the government continued its investigation into the illegal activities of KAF in relation to KAF's partners, associates and employees who participated in an immigration fraud scheme. To that end, defendant agreed to assist the government in completing its investigation, and has been doing so since entering his guilty plea.

3. Two partners of the KAF law firm, Daniel Korenberg ("Korenberg") & Steven Rodriguez ("Rodriguez"), have been indicted on presenting false immigration documents and petitions to the Immigration and Naturalization Service ("INS") in violation of Title 18, United States Code, Sections 371, 1001, and 1546(a). Korenberg and Rodriguez are set to proceed to trial on October 16, 2007.

4. Several defendants are scheduled to be sentenced in November and December 2007. Defendant Valencia's cooperation may be needed to prepare for those sentencings.

5. Defendant presently is on bond and has fully complied with all of the terms of pretrial release. Neither defendant nor defendant's counsel object to a continuance of the sentencing in this matter. Therefore, the parties request that defendant's sentencing date be continued to December 3, 2007 to provide

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HETTLE
Attorney for Defendant
ARTURO VALENCIA

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
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Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA [PROPOSED] ORDER REGARDING STIPULATION TO CONTINUANCE SENTENCING HEARING FOR DEFENDANT ARTURO VALENCIA Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

GOOD CAUSE HAVING BEEN SHOWN in the parties' stipulation to continue the sentencing in the above-entitled matter from July 20, 2007 to January 7, 2008, at 8:30 a.m., IT IS FOUND AND ORDERED that the sentencing in this matter is continued from July 20, 2007 to January 7, 2008, at 8:30 a.m. IT IS FURTHER ORDERED THAT Defendant Arturo Valencia appear on January 8, 2008,

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at 8:30 a.m. in the courtroom of the Honorable Percy Anderson located at 312 N. Spring Street, Los Angeles, California, Courtroom 15.

DATED: June __, 2007

THE HON. PERCY ANDERSON
United States District Judge

Submitted By:

ELISA FERNANDEZ

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HETTLE
Attorney for Defendant
ARTURO VALENCIA

FEDERAL PUBLIC DEFENDER
321 East 2nd Street
Los Angeles, California 90012-4202

Telephone (213) 894-2854
Facsimile (213) 894-0081

FACSIMILE TRANSMISSION COVER SHEET

Date Sent:

TO:

NAME: Arturo Valencia

FAX #: [redacted] **VOICE #:**

Number of Pages to Follow: 5

FROM: Nadine Hettle

COMMENTS: Art, just return the signature page (p. 3)

IN EVENT OF TRANSMISSION ERROR OR FOR VOICE COMMUNICATION

FAX (213) 894-0081 or CALL (213) 894-2854

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

2 attorneys charged with work visa fraud

The immigration lawyers allegedly filed false applications for foreign nationals employed at their firm, and perhaps for others.

By Anna Gorman
Times Staff Writer

Two local immigration attorneys have been charged with fraud after allegedly filing false employment visa applications for 14 foreign nationals working for their firm, according to a federal grand jury indictment released Thursday.

The lawyers, of ASK Law Group in Sherman Oaks, filed the fraudulent applications and paid their employees in cash while awaiting approval for the visas, according to the indictment. Investigators believe the attorneys also filed false visa applications on behalf of hundreds of other foreigners looking for work at other companies.

"This is the largest immigration fraud probe ever mounted against a Los Angeles-area law firm," said Jennifer Silliman, deputy special agent in charge of the local office of Immigration and Customs Enforcement.

The indictment charges Daniel Korenberg, a senior partner at the law firm, and Steven James Rodriguez, a senior associate, with visa fraud and conspiracy to commit visa fraud. Korenberg faces a possible sentence of 225 years in federal prison. Rodriguez faces up to 15 years in prison.

Another partner in the firm, Philip Abramowitz, 53, has already pleaded guilty to conspiracy and visa fraud.

The indictment accused the men of committing fraud between 2000 and 2003.

To obtain an employment visa for a foreign worker, a company must prove it cannot find a qualified U.S. employee to fill a specific job. The H-1B visas are limited to foreign workers with at least a bachelor's degree. Firms must pay foreign workers the prevailing wage.

Investigators said Korenberg, 57, and Rodriguez, 40, wrote false job titles and salaries on the visa applications, citing jobs that didn't exist. They also allegedly lied about the foreigners' work experience.

The fake job titles included accountant, human resources specialist and systems analyst/programmer. The employees were actually doing secretarial work, investigators said.

Several were here on visitors' visas, which did not allow them to work, agents said.

U.S. Citizenship and Immigration Services plans to review all the visa applications that are suspect, said spokeswoman Marie Sebrechts. If applicants were complicit in any fraud, their visas could be revoked, she said.

The ASK Law Group is based in Sherman Oaks, but has offices in Los Angeles, San Diego, San Francisco and Las Vegas. According to the firm's website, lawyers provide services to individuals, small businesses and large corporations.

Because the defendants are attorneys, Silliman said, they know how to work the system and get around loopholes.

"It's always disturbing when attorneys manipulate the system for financial gain," said Thom Mrozek, spokesman for the U.S. attorney's office in Los Angeles.

Korenberg, Abramowitz and Rodriguez did not return calls for comment. Korenberg and Rodriguez are scheduled to appear in U.S. District Court in Los Angeles on March 29.

The firm had a decent reputation, so the charges were shocking, said John Ayala, vice chairman of the Southern California chapter of the American Immigration Lawyers Assn.

"We hope the allegations are not true," Ayala said. "If they are found true, I think it's an aberration. It doesn't reflect the immigration bar of Southern California."

anna.gorman@latimes.com

STOCK TRANSFER LEDGER

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original, Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
			CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
Mariana Tadros	[redacted] Spyglass Dr. Corona, CA 92883	9/6/19	1	2000	Original					
Wael Anwar	[redacted] Lion Street Rancho Cucamonga CA 91730	9/6/19	2	2000	Original					
Arturo I. Valencia	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	9/6/19	3	1000	Original		07/15/20	Chad Valencia	3	1000
Chad Valencia	[redacted] Sardinia Sands Dr. Las Vegas, NV 89141	07/15/20	4	1000	Arturo Valencia	$1.00				

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada
☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01867	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IgG of America, Inc.

Physical Address: 514 Progress Drive, Ste. X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: tania.cabral@cvshealth.com

Website: USbioservices.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Gina Cohenour

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21645

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☒ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☒ Other: Specialty/home infusion	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Gina Cohenour	NV Pharmacist Registration #: 21645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Caremark Rx, L.L.C.

Corporation/Organization Name: IgG of America, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: tania.cabral@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

Kimberley DeSousa/ Assistant Secretary

1. I am the Assistant Secretary (title) for IgG of America, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Linda M. Cimbron /Assistant Secretary

Print Name of Authorized Person

Linda M Cimbron

Original signature of Authorized Person (copies or stamps not accepted)

3/3/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

NA

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____.

_____
Notary Public

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda M. Cimbron/ Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Linda M. Cimbron — 5/3/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 9/16/2021	Amount: $500 CK# 30170834

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
GIna W. Cohenour

Date: 10/07/2021
Amount:
License #: 21645

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/07/2022

GIna W. Cohenour

License #
21645
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/07/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21645

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

GIna W. Cohenour

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Details

Demographic Information

Name: IgG of America, inc. DBA: US Bioservices

Address Information

Address: 514 PROGRESS DRIVE
SUITE X

City: LINTHICUM **State:** MD **Zip:** 21090

Maryland License\Permit Information

Number: PW0285 **Type:** Pharmacy Waiver **Status:** Active

Original Issued: 11/29/2006 **Date Renewed:** 4/6/2020 **Expires:** 5/31/2022

Specialty: Sterile Compounding

Specialty: Other

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

104412

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Igg Of America, Inc. Dba: Us Bioservices**
IS A REGISTERED **Active**
License Expiration Date
Pharmacy Waiver **05/31/2022**

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0285	05/31/2022

SECRETARY MDH

SIGNATURE OF BEARER

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Entity Name	IgG of America, Inc.

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Clark, Jeffrey E.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT I.G.G. OF AMERICA, INC. (D04809968), INCORPORATED OCTOBER 16, 1997, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 24, 2022.

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: ETjreQR0oEOnsWFI81sEbw
To verify the Authentication Code, visit http://dat.maryland.gov/verify

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler IgG of America dba. US Bioservices

Physical Address 514 Progress Drive

City Linthicum Heights State MD Zip 21090

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-674-9700 Website _____

Licensing Company Email Permitinfo@cvshealth.com

Section 2: Personal Information

First Gina Middle White Last Cohenour

Alias(es, nicknames, name changes, etc.) Gina Alice White, Gina White Sauls

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bilge Drive

City Severn State MD Zip 21144

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials GWC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Medical University of South Carolina	5/1991 - 5/1995

Address	City	State	Zip
171 Ashley Avenue	Charleston	SC	29425

Diploma/Degree obtained, if any: BS- Pharmacy

School Name	From - To (MM/YY – MM/YY)
Francis Marion University	8/1989 - 12/1992

Address	City	State	Zip
4822 E Palmetto St	Florence	SC	

Diploma/Degree obtained, if any: BS- Biology | Chemistry

School Name	From - To (MM/YY – MM/YY)
Williamsburg Academy	8/1977-5/1989

Address	City	State	Zip
1000 Sandy Bay Rd	Kingstree	SC	29556

Diploma/Degree obtained, if any: high school diploma

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2001 - Present	[redacted] Binge Drive	Severn	MD	21144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: IgG of America dba US Bioservices			From - To (MM/YY – MM/YY): 4/4/16 - Present
Business Address: 514 Progress Drive Ste X-2	City: Linthicum Heights	State: MD	Zip: 21090
Phone: 877-674-9700	Title: Pharmacy Manager / PIC		Number of Employed Hours: 12,000
Description of Duties: Prescription order verification to include drug utilization review. Management of home bound patients with complex drug therapies. Maintain operating policies and procedures, quality assurance and record keeping. Oversee and management of Pharmacy staff and facility operations			
Business Name: Cigram Specialty / CVS Caremark			From - To (MM/YY – MM/YY): 6/2008 - 2016
Business Address: 7150 Columbia Gateway Drive Unit E	City: Columbia	State: MD	Zip: 21046
Phone: 800-227-3675	Title: Clinical Pharmacist		Number of Employed Hours: 16,000
Description of Duties: Process & verify Prescription orders. Manage patients on complex therapies of home infusions. Ensure proper record keeping.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I, Gina Cohenour, **certify that as the designated representative for** IgG of America dba US Bioservices,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Harford

I, Gina Cohenour, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Cohenour
Original Signature

3/2/2022
Date

Subscribed and Sworn to before me this 3rd day of March, 2022

Kira German
Notary Public Signature

KIRA B. GERMAN NOTARY PUBLIC HARFORD COUNTY, MD
(Seal)

Applicant's initials _____

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M. Morgan, Board President, Deena Speights-Napata, Executive Director

SUPPLEMENTAL STERILE PROCESSING INSPECTION FORM

Maryland Pharmacy Permit Number	:	PW0285
Corporate Pharmacy Name	:	IgG of America, Inc. DBA: US Bioservices
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	514 PROGRESS DRIVE, LINTHICUM, MD, 21090
Business Telephone Number	:	877-674-9700
Business Fax Number	:	877-402-4042
Inspection Date	:	07/23/2020
Arrival Time	:	08:29
Departure Time	:	15:50
Type of Inspection	:	○Opening ◉Annual ○Follow-up ○Others Select
Previous Date	:	09/10/2019
Name of Inspector	:	Jered Pasay

Pharmacy Hours

Monday: 8:30am - 5:00pm	Tuesday: 8:30am - 5:00pm	Wednesday: 8:30am - 5:00pm	Thursday: 8:30am - 5:00pm
Friday: 8:30am - 5:00pm	Saturday: Closed	Sunday: Closed	

Maryland Pharmacy Permit Number	PW0285	Expiration Date	05/31/2022
CDS Registration Number	NA	Expiration Date	
DEA Registration Number	NA	Expiration Date	

○ Yes ◉ No The pharmacy department provides service 24 hours a day. COMAR 10.34.05.

◉ Yes ○ No ○ N/A The pharmacy hours of operation are prominently displayed. COMAR 10.34.05.03B

◉ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO §12-311, HO §12-408(b) and HO §12-6B-08

○ Yes ◉ No The pharmacy fills original prescriptions received via the internet. If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?

NA

HG §21-220; COMAR 10.19.03.02 and .07

○ Yes ◉ No The pharmacy wholesale distributes to another pharmacy. COMAR 10.34.37

○ Yes ◉ No The pharmacy wholesale distributes to a wholesale distributor. COMAR 10.34.37

○ Yes ○ No ◉ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales. COMAR 10.34.37

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

2. PERSONNEL

15570 15570 : GINA COHENOUR

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
GINA COHENOUR	15570	Active	02/28/2022				
LOPA PATEL	14355	Active	02/28/2021				
ROBERT J GUNN	09719	Active	03/31/2021	09719	Active	03/31/2021	
ALVENA WINETTE SHERARD	08462	Active	09/30/2020				
GASIM Osman HASSAB ELDAIM	23992	Active	07/31/2021	23992	Active	07/31/2021	

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
TRACY V JOHNSON	16326	Active	07/31/2022				
FREDERICA M COUPET	19532	Active	09/30/2021				
Mischelle C Smoot	25066	Active	05/31/2021				

Registered Technicians	Registration #	Status	Exp. Date	
CHRISTINE HARRINGTON	T14356	Active	07/31/2021	
DOMINIQUE N BRAXTON	T02687	Active	11/30/2021	
Heath Allen Gresko	T01374	Active	11/30/2021	

Unlicensed Personnel (non-registered)	Title	Duties	

Only Pharmacist Cohenour, and Technicians Braxton and Gresko perform sterile compounding
Reviewed CPR certification of Pharmacist Gunn, Eldaim

Comments:

3. FACILITY AND EQUIPMENT STANDARDS FOR COMPOUNDING STERILE PREPARATIONS

Documentation shows:

◉ Yes ○ No Certification that each LAFW (Laminar Air Flow Workbench), BSC (Biological Safety Cabinet), and CAI (Compounding Aseptic Isolator) is functioning properly and meets the air quality requirement of ISO Class 5, and is performed by a qualified operator(s) using current, state-of-the-art electronic air sampling at least every six months and whenever the LAFW, BSC, or CAI is relocated. COMAR 10.34.19.03B(5) & (10); COMAR 10.34.19.15D

◉ Yes ○ No The air quality of the clean room and anteroom area is evaluated by a qualified operator(s) for conformance to ISO Class 7 and ISO Class 8 requirements, as appropriate, at least every six months and when renovations occur. COMAR 10.34.19.03B(5); COMAR 10.34.19.15E

◉ Yes ○ No Records of clean room testing are maintained and reviewed by the supervising pharmacist. COMAR 10.34.19.07B(1)

◉ Yes ○ No Evidence of daily calibration and routine maintenance on the following equipment, if applicable, for use:

○ Yes ○ No ◉ N/A Autoclave

○ Yes ○ No ◉ N/A Electronic Balance

○ Yes ○ No ◉ N/A Convection Oven

◉ Yes ○ No ○ N/A Incubator

○ Yes ○ No ◉ N/A Automated Compounding Devices (pumps) COMAR 10.34.19.10B

◉ Yes ○ No A refrigerator and freezer, if applicable, with sufficient capacity to meet the storage requirements for all material requiring refrigeration/freezing must be available in the facility. Evidence of maintenance of acceptable temperature ranges must be available. COMAR 10.34.19.10A

◉ Yes ○ No The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste. COMAR 10.34.19.09B(6) & .15F; COMAR 10.34.19.10A(3) Access to designated areas and clean rooms is limited to those individuals who are properly attired. COMAR 10.34.19.09A

◉ Yes ○ No All equipment used in the designated area or clean room must be made of a material that can be easily cleaned and disinfected. COMAR 10.34.19.09B(3)

○ Yes ○ No ◉ N/A Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs. COMAR 10.34.19.12(17)

Pharmacy has appropriate waste containers
Pharmacy does not compound HDs

Comments:

4. COMPOUNDING AREA COMAR 10.34.19.09

◉ Yes ○ No Clean room walls, ceilings, counters, lighting fixtures and floors are made of non-porous, nonshedding, cleanable surfaces. COMAR 10.34.19.09B(3)

◉ Yes ○ No Supplies are stored in a manner that maintains integrity of an aseptic environment.

◉ Yes ○ No The anteroom contains a sink with hot and cold running water. COMAR 10.34.19.09C(2)(a)

None

Comments:

5.POLICIES AND PROCEDURES MUST ADDRESS: COMAR 10.34.19.12

Policies and procedures address at least the following:

◉ Yes ○ No The compounding, filling, and labeling of sterile compounds. COMAR 10.34.19.12C(6)(a), (c) and (d)

◉ Yes ○ No Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration. COMAR 10.34.19.12C(6)(d)

◉ Yes ○ No Availability of equipment and supplies. COMAR 10.34.19.12C(3); COMAR 10.34.19.12C(17)(a)

◉ Yes ○ No The training of staff in the preparation of compounded sterile preparations. COMAR 10.34.19.12C(10); COMAR 10.34.19.14B

◉ Yes ○ No Staff competency evaluations. COMAR 10.34.19.14E

◉ Yes ○ No Quality Assurance Program. COMAR 10.34.19.12C(9); 10.34.19.15

◉ Yes ○ No All record keeping requirements COMAR 10.34.19.12C(7)

◉ Yes ○ No A written process, verified by a pharmacist, describing ingredients and the process for each preparation. COMAR 10.34.19.05B(4); COMAR 10.34.19.07B(1) and (2)

◉ Yes ○ No Documentation demonstrating that all personnel involved have read the policies procedures before compounding sterile preparations. COMAR 10.34.19.12B

◉ Yes ○ No Documentation of communication of policy and procedure for additions and deletions

◉ Yes ○ No The storage and handling of products and supplies. COMAR 10.34.19.12C(6)(b)

◉ Yes ○ No The storage and delivery of final preparation. COMAR 10.34.19.12(6)(b) and (f)

◉ Yes ○ No Media fill process verification testing. COMAR 10.34.19.12C(11)

◉ Yes ○ No The criteria for Beyond Use Dating (BUD). COMAR 10.34.19.12C(6)(e)

◉ Yes ○ No Personnel access and movement of materials into and near the compounding area. COMAR 10.34.19.12C(2)

◉ Yes ○ No The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar air flow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs. COMAR 10.34.19.12C(3)

◉ Yes ○ No A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).

◉ Yes ○ No The method used to monitor the environment for bacterial microorganisms. COMAR 10.34.19.12C(4)

◉ Yes ○ No The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area. COMAR 10.34.19.12C(18); COMAR 10.34.19.15F

◉ Yes ○ No Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable

○ Yes ○ No ◉ N/A Established sterilization procedures including documentation of results, if applicable. COMAR 10.34.19.12C(4)

◉ Yes ○ No ○ N/A End-product evaluation and testing, if applicable. COMAR 10.34.19.12C(11); COMAR 10.34.19.15H

Policies kept electronically part of AmerisourceBergen, last review 12/2019

Comments:

6. LABELING REQUIREMENTS COMAR 10.34.19.06

All labeling must include the following:

◉ Yes ○ No The name and concentration or amount of each ingredient contained in the preparation. COMAR 10.34.19.06B(7) and (8)

◉ Yes ○ No Instructions for storage and handling. COMAR 10.34.19.06B(12)

○ Yes ○ No ◉ N/A Cytotoxic agents include a special label which states "Chemotherapy-Dispose of Properly". COMAR 10.34.19.06B(13)

◉ Yes ○ No Beyond Use Dating. COMAR 10.34.19.06B(11)

◉ Yes ○ No For short dated preparations, labeling must include:

◉ Yes ○ No ○ N/A Time

◉ Yes ○ No ○ N/A Date

◉Yes ○No ○N/A Caution label/start-up time

Label attached under supporting documents

Comments:

7. RECORD KEEPING REQUIREMENTS COMAR 10.34.19.07

The following records must be maintained:

◉ Yes ○ No A readily retrievable medication profile for each patient. COMAR 10.34.19.07A

◉ Yes ○ No Compounding worksheets for preparations for future use, indicating the drug name and amount/dose, ingredient lot numbers, quantity prepared, preparation date and BUD. COMAR 10.34.19.07B(2)

◉ Yes ○ No ○ N/A Documentation for 3 years to include: COMAR 10.34.19.07B – 5 years

◉ Yes ○ No Training and competency evaluation of employees in sterile preparation procedures. COMAR 10.34.19.07B(1)(a)

◉ Yes ○ No Refrigerator and freezer temperatures. COMAR 10.34.19.07B(1)(b)

◉ Yes ○ No ○ N/A Certification of the testing of the sterile compounding environment.COMAR 10.34.19.07B(1)(c)

◉ Yes ○ No ○ N/A Other facility quality control logs specific to the pharmacy's policies and procedures (e.g. cleaning logs for facilities and equipment). COMAR 10.34.19.07B(1)(d)

◉ Yes ○ No ○ N/A Preparation records including the master work sheet, the preparation work sheet and records of end product evaluation, if applicable. COMAR 10.34.19.07B(1)(f)

◉ Yes ○ No ○ N/A Daily, weekly and monthly records of disinfection of workbench surface, walls, floors, ceilings, shelving, tables and stools, and after any unanticipated event which increases the risk of contamination. COMAR 10.34.19.07B(1)(d)

Comments:
Patient profiles kept electronically PRx
Compounding is tracked on worksheets
Master tracking sheet used to track pressures, temperatures, humidity, cleaning, and other quarterly/annual checks

8. INVENTORY CONTROL PROCEDURES

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

9. ATTIRE 10.34.19.13

◉ Yes ○ No ○ N/A Clean room garb consists of a non-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times. COMAR 10.34.19.13A(3)

◉ Yes ○ No ○ N/A Clean room garb must be donned and removed outside the designated area. COMAR 10.34.19.13A(4)

◉ Yes ○ No ○ N/A Hand, finger, and wrist jewelry must be removed. COMAR 10.34.19.13A(5)

◉ Yes ○ No ○ N/A Head and facial hair must be covered. COMAR 10.34.19.13A(3)(b)

◉ Yes ○ No ○ N/A Makeup must not be worn in clean room. COMAR 10.34.19.13A(7)

◉ Yes ○ No ○ N/A Protective gloves made of non-shedding materials are required. COMAR 10.34.19.11A

○ Yes ○ No ◉ N/A When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn. COMAR 10.34.19.12C(17); COMAR 10.34.19.14B

Pharmacy does not compound HDs

Comments:

Requirements may not apply if a barrier isolator is used to compound sterile preparations.

10. TRAINING OF STAFF, PATIENT, AND CAREGIVER COMAR 10.34.19.14

◉ Yes ○ No ○ N/A In non-hospital environments: Consultation shall be available to the patient and/or primary caregiver concerning proper use of compounded sterile preparations and related supplies furnished by the pharmacy. COMAR 10.34.19.14A

◉ Yes ○ No ○ N/A The supervising pharmacist shall ensure all personnel engaging in compounding sterile drug preparations shall have training and demonstrate on-going competence in the safe handling and compounding of sterile drug preparations including cytotoxic agents if applicable. COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. COMAR 10.34.19.14B(1)

◉ Yes ○ No ○ N/A The program of training and evaluation addresses the following:

◉ Yes ○ No ○ N/A Aseptic technique

◉ Yes ○ No ○ N/A Pharmaceutical calculations/terminology

◉ Yes ○ No ○ N/A Sterile preparations compounding documentation

◉ Yes ○ No ○ N/A Quality assurance procedures

◉ Yes ○ No ○ N/A Aseptic preparation procedures

◉ Yes ○ No ○ N/A Proper cleansing and garbing techniques

◉ Yes ○ No ○ N/A General conduct in the controlled area

◉ Yes ○ No ○ N/A Cleaning/sanitizing and maintaining equipment used in the controlled area

◉ Yes ○ No ○ N/A Sterilization techniques if applicable See COMAR 10.34.19.14E(1)(a) – (i) for above

◉ Yes ○ No ○ N/A Handling, storage, and delivery of sterile compounded preparations

◉ Yes ○ No ○ N/A Equipment training COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Competency assessment COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Equipment and closure system selection COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. COMAR 10.34.19.14E(2)

◉ Yes ○ No ○ N/A Evaluations must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. COMAR 10.34.19.14E(3)

◉ Yes ○ No ○ N/A Each person's proficiency and continuing training needs must be reassessed every 12 months (every 6 months for high-risk compounding). COMAR 10.34.19.14E(1)(a)

◉ Yes ○ No ○ N/A Records of training and demonstrated competence shall be available for each individual and shall be retained for three (3) years beyond the period of employment. 5 years for employees. COMAR 10.34.19.14C

Comments:
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Training is through the parent company and each branch as per specialty
Other certification through MOOG medical products
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11. DISPOSAL OF WASTE MATERIAL

◉ Yes ○ No ○ N/A Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste. COMAR 10.34.19.12C(18)

◉ Yes ○ No ○ N/A Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions. COMAR 10.34.19.12C(4)

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Pharmacy has appropriate policies
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Comments:

12. QUALITY ASSURANCE AND PROCESS VERIFICATION COMAR 10.34.19.15

◉ Yes ○ No ○ N/A Each pharmacy shall have a documented, ongoing quality assurance program that monitors personnel performance, equipment and facilities. COMAR 10.34.19.12C; COMAR 10.34.19.15

◉ Yes ○ No ○ N/A The Quality Assurance Program shall include documentation of monitoring to assure successful:

◉ Yes ○ No ○ N/A Cleaning and sanitization of the parenteral medication preparation area. COMAR 10.34.19.15E

◉ ○ ○ Yes No N/A The storage of compounded parenteral preparations in the pharmacy and periodic documentation of refrigeration/freezer temperature. COMAR 10.34.19.15B

◉ ○ ○ Yes No N/A Steps taken in the event of a drug recall. COMAR 10.34.19.12C(6)(h)

◉ ○ ○ Yes No N/A Written justification including literature references of the chosen beyond use dates for compounded sterile preparations.

◉ ○ ○ Yes No N/A Written policies and procedures for implementing the immediate use exemption for admixtures.

◉ ○ ○ Yes No N/A Each individual involved in the preparation of compounded sterile preparations must successfully complete a verification process before being allowed to prepare sterile preparations. COMAR 10.34.19.14B

◉ ○ ○ Yes No N/A The verification process shall be carried out using the same personnel, procedures, equipment, and materials as normal production, except that an appropriate microbiological growth medium is used in the compounding process to verify the sterility of the final preparation. COMAR 10.34.19.12C(11); COMAR 10.34.19.15C

◉ ○ ○ Yes No N/A Completed media samples must be incubated according to currently accepted standards. COMAR 10.34.19.15C

◉ ○ ○ Yes No N/A If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the verification process repeated.

◉ ○ ○ Yes No N/A Personnel competency must be re-verified at least every 12 months (every 6 months for highrisk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.

◉ ○ ○ Yes No N/A The verification and re-verification process must be documented. COMAR 10.34.19.07B(3)

◉ ○ ○ Yes No N/A Other personnel monitoring requirements as required by current standards must be performed, such as fingertip touch testing.

◉ ○ ○ Yes No N/A There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy. COMAR 10.34.19.16

◉ ○ ○ Yes No N/A Written documentation that the end product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable. COMAR 10.34.19.15C

Reviewed media fill tests, weekly fingertip testing, competencies, and annual testing and calculations.

Comments:

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: IgG of America, inc. DBA: US Bioservices
Permit#: PW0285
Date: 07/23/2020

Rx#: NA
Date Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear

Pharmacy does not dispense controlled substances

Comments:

SCHEDULE II AUDIT

Drug: NA
NDC Number: NA
Date of last Inspection/Biennial: 09/10/2019

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII: NA

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date: NA

Comments:

CIII - CV#: NA

Date: NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

NA

CII:

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date:

NA

Comments:

CIII - CV#: NA

Date:

NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

INSPECTOR'S COMMENTS:

Reviewed sterile inspection (virtual) with Gina Cohenour, Mischelle Smoot, and Angela Garcia, and shadowed by Trina Leak. Requirements as listed above were observed through documented communication with the facility staff to ensure that this facility meets the minimum requirement by state law. Documents attached to this inspection were provided during virtual communication with Gina Cohenour.

Pharmacy compounds low to medium risk CSPs. Pharmacy does not wholesale distribute or outsources medications. Pharmacy does not extend BUDs, and does not batch compound. Pharmacy compounds IVIG and provides medication pump services. Pharmacy is permitted in AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KY, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VT, VA, WA, DC, WV, WI, and WY.

Due to COVID19, pharmacy temporarily ceased compounding in March 2020 in efforts to avoid any wasted product in the event that a patient or Nurse had to delay or cancel an infusion after shipment. Manufacturer medication vials being shipped to patients to eliminate the 9 day BUD of compounded items. The clean room is still being cleaned at appropriate intervals. On June 3 a patient requested her infusion to be mixed by the pharmacy, fingertip testing was performed after compounding as part of QA.

Technicians pull components and perform compounding. Pharmacist check vials for correctness, drug and dose.

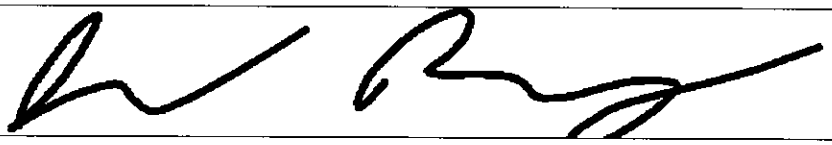
Clean room consists of a positive pressure anteroom and buffer room and 2 LAFWs. ENV Services performed environmental sampling and certification on 3/10/2020. Pharmacy conducts monthly in-house surface and air sampling (settling plates), and weekly fingertip sampling.

Cleaning of room and hoods is performed by pharmacy staff. Pharmacy uses Cavicide and Sterile Alcohol for the daily, TexQ for the weekly, and Peridox RTU for the monthly cleanings.

Discussed/Recommend
Adding a policy/procedure on reporting AERs to the Board of Pharmacy.

Unresolved matters will be brought to the Board for review.

Pharmacist signatures attached under supporting documents.

Inspector Signature: 

Pharmacist Name (Print): 15570 15570 : GINA COHENOUR Date: 07/23/2020

Signature:

Received a copy of this inspection report:

Supporting Documents.

PW0285_07232020_393_200.307 Pharmacy Sterile Compounding.pdf
PW0285_07232020_393_7-23-2020 Blood-borne_Pathogen_Training_2019_(USB)_Completion__MD Branch .xls
PW0285_07232020_393_7-23-2020 Infection_Control_-_Handwashing_(USB)_MD Branch.xls
PW0285_07232020_393_Board Audit Temp Log.pdf
PW0285_07232020_393_Board Audit- Label and compounding worksheet.pdf
PW0285_07232020_393_Board Audit- MD Pharmacy License.pdf
PW0285_07232020_393_Board Audit-Calculations Test.pdf
PW0285_07232020_393_Board Audit-Compounding Questionnaire.pdf
PW0285_07232020_393_Board Audit-End testing sterility ARL.pdf
PW0285_07232020_393_Board Audit-ENV Biological Sampling Reports.pdf
PW0285_07232020_393_Board Audit-ENV Hepa, Airflow & Smoke test.pdf
PW0285_07232020_393_Board Audit-Fingertip Testing.pdf
PW0285_07232020_393_Board Audit-General Sterile Compounding Policy 200.310.pdf
PW0285_07232020_393_Board Audit-Heath Pump Training.pdf
PW0285_07232020_393_Board Audit-Inspection Form.pdf
PW0285_07232020_393_Board Audit-Pharmacy Staff.docx
PW0285_07232020_393_Board Audit-Pharmacy State Licenses & Exp.docx
PW0285_07232020_393_Board Audit-Staff training & competencies.pdf
PW0285_07232020_393_Board Audit-Sterile Compounding Policy 200.300.pdf
PW0285_07232020_393_board Audit-Surface Sampling.pdf
PW0285_07232020_393_Email questions.pdf
PW0285_07232020_393_Gunn CPR Certification.pdf
PW0285_07232020_393_Pictures.pdf
PW0285_07232020_393_Signature.pdf
PW0285_07232020_393_student_eCard.pdf

410-764-4755 - Fax 410-384-4137 - Toll Free 800-542-4964
MDH 1-877-463-3464 - Maryland Relay Service 1-800-735-2258
Web site: https://health.maryland.gov/pharmacy/Pages/index.aspx

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(**non-refundable** and **not transferable money order or cashier's check only**)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # 1753

Physical Address: 2035 EAST WILLIAM ST

City: Carson City State: NV Zip Code: 89701

Telephone Number: 775 841 6421 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Leonard Caires

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

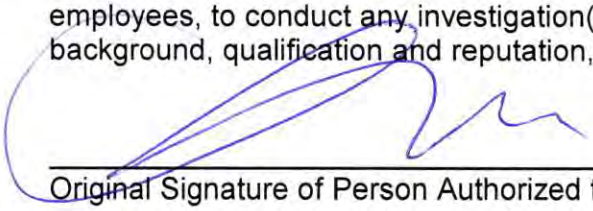
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

94800 $300.00

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date 3/1/22

Board Use Only	Date Processed:	Amount: 300	Check # 310 3426

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # 1822

Physical Address: 1645 HWY 88

City: Minden State: NV Zip Code: 89423

Telephone Number: 775 783 8675 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Samuel Segrest

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date 3/1/22

Board Use Only	Date Processed:	Amount: 300	check# 3103427

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # 2200

Physical Address: 900 EAST NEVADA HWY 372

City: Pahrump State: NV Zip Code: 89048

Telephone Number: 775 727 1500 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Mark Slingerland

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

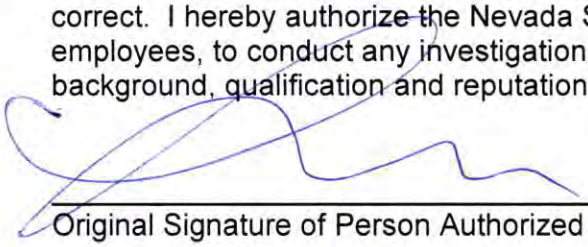
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

3/1/22
Date

Board Use Only	Date Processed: _____	Amount: 300	CHECK# 3103428

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

February 16, 2022

VIA CERTIFIED AND U.S. MAIL

Tractor Supply Co. #2200
900 E. Nevada Highway 372
Pahrump, Nevada 89048
Store Manager Mark Slingerland

Re: CEASE and DESIST/CITATION: Unlicensed Activity
Case No. 22-032-S

Greetings:

The Nevada State Board of Pharmacy ("BOP") has determined that you are dispensing vaccines, and other prescription medications for Nevada animal patients in violation of law. Specifically, your do not have an active veterinary drug supplier permit with the BOP. You are prohibited from dispensing vaccines or other medications for Nevada animal patients without an active permit.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 639.100(1), NRS 639.2345, and NAC 639.650.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST selling or dispensing vaccines or other medications for Nevada animal patients from your store. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity, including, but not limited to, dispensing vaccines and other prescription medications for animal patients. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Tractor Supply Co. must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Tractor Supply Co. has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8779 01

13D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # 2274

Physical Address: 451 EAST PRATER WAY

City: Sparks State: NV Zip Code: 89431

Telephone Number: 775 356 3595 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Craig Young

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

3/1/22
Date

Board Use Only	Date Processed:	Amount: 300	Check # 3103429

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

13E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # ~~2465~~

Physical Address: 9060 S RAINBOW BLVD

City: Las Vegas State: NV Zip Code: 89139

Telephone Number: 702 389 5844 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Juan Hernandez

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date 3/1/22

Board Use Only	Date Processed:	Amount: 300	Check# 3103430

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

February 16, 2022

VIA CERTIFIED AND U.S. MAIL

Tractor Supply Co. #2465
9060 S Rainbow Blvd.
Las Vegas, Nevada 89139
Store Manager Juan Hernandez

Re: CEASE and DESIST/CITATION: Unlicensed Activity
Case No. 22-033-S

Greetings:

The Nevada State Board of Pharmacy ("BOP") has determined that you are dispensing vaccines, and other prescription medications for Nevada animal patients in violation of law. Specifically, your do not have an active veterinary drug supplier permit with the BOP. You are prohibited from dispensing vaccines or other medications for Nevada animal patients without an active permit.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 639.100(1), NRS 639.2345, and NAC 639.650.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST selling or dispensing vaccines or other medications for Nevada animal patients from your store. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity, including, but not limited to, dispensing vaccines and other prescription medications for animal patients. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Tractor Supply Co. must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Tractor Supply Co. has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8778 95

13F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: Tractor Supply # 2471

Physical Address: 6658 SKY POINTE DR

City: Las Vegas State: NV Zip Code: 89131

Telephone Number: 702 839 1258 Fax Number: _____

Toll Free Number: _____

E-mail: lmangrum@tractorsupply.com Website: _____

Facility Manager: Sarah Crist

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date 3/1/22

Board Use Only	Date Processed:	Amount: 300	CHECK # 3103431

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

February 16, 2022

VIA CERTIFIED AND U.S. MAIL

Tractor Supply Co. #2471
6658 Sky Pointe Dr.
Las Vegas, Nevada 89131
Store Manager Sarah Crist

Re: CEASE and DESIST/CITATION: Unlicensed Activity
Case No. 22-031-S

Greetings:

The Nevada State Board of Pharmacy ("BOP") has determined that you are dispensing vaccines, and other prescription medications for Nevada animal patients in violation of law. Specifically, your do not have an active veterinary drug supplier permit with the BOP. You are prohibited from dispensing vaccines or other medications for Nevada animal patients without an active permit.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 639.100(1), NRS 639.2345, and NAC 639.650.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST selling or dispensing vaccines or other medications for Nevada animal patients from your store. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity, including, but not limited to, dispensing vaccines and other prescription medications for animal patients. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Tractor Supply Co. must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Tractor Supply Co. has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8778 88

14

14A

March 10, 2021

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) and primary care services to patients through the Roseman University of Health Sciences. I am requesting an appearance before the Board at the April 2022 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) **The name of the pharmacist:**
Quynh Nhu Doan, PharmD, BCPS (NV License #20459)

(b) **A description of the services that the pharmacist intends to provide at the site:**
Services provided:
- Management of chronic conditions including, but not limited to, hypertension, diabetes, hyperlipidemia
- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Management of disease states and medication safety through collecting and analyzing patient information such as demographics, social history, medication therapy history, past medical history, allergies, and lab results
- Management of medication therapy through adjusting, initiating, discontinuing medications
- Management of disease states and medication therapy through ordering and analyzing lab values
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) **The location at which the pharmacist will provide the services:**
- First Person Care Clinic (FPCC)

1. Family Practice 1 (Downtown) - 1200 S 4th Street, Suite 111, Las Vegas, NV 89104
2. Family Practice 2 (Henderson) - 200 E Horizon Dr., Suite A-B, Henderson, NV 89015

- Roseman University of Health Sciences

3. Henderson Campus - 11 Sunset Way, Henderson, NV 89014

(d) **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:**

Referred patients with chronic disease states as well as patients who would like to improve their overall medication regimen and health

(e) **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:**

- Federally Qualified Health Centers (FQHC)
- Roseman University of Health Sciences; this facility will mainly be use for analyzing data, composing reports, and/or presenting results

(f) **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:**

Clinical Pharmacology, Facts & Comparisons, Lexicomp Online, Micromedex, UpToDate, Pharmacists Letter, Natural Medicines Database, as well as clinical guidelines and evidence-bases sources as necessary for the various disease states

(g) **The days and hours during which the pharmacist intends to provide the services:**

Monday through Friday
By appointment only based on pharmacist availability

(h) **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:**

Services will be available by appointment only. All referrals submitted and appointments scheduled will be made through the FPCC appointment system. In the event that the pharmacist is unavailable, patients will be able to speak with receptionists, medical assistants, and/or medical providers during office hours. In the case of an emergency, patients will be directed to emergency services.

(i) **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:**

Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored in patient's electronic health record and password protected devices accessible by authorized users only.

(j) **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:**

The services will have no affiliation with a licensed pharmacy.

(k) **A description of the business plan for the services provided:**

No business plan is needed. Services provided through Roseman University at FPCC are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,

Quynh Nhu Doan, PharmD, BCPS

Roseman University of Health Sciences
11 Sunset Way, Henderson, NV 89014
Cell: [redacted]
Email: [redacted]

14B

RECEIVED
MAR 3 2022
NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, St 206

Reno, NV 89521

RE: Nevada Off-Site Pharmacy Practice Application

To Whom It May Concern,

Please see the attached application for Off-Site Pharmacy Practice for Jennifer Miller, NV 19242. Thank you in advance for your review and consideration. Please contact me via email [redacted]@aol.com if there are any questions.

Regards,

Jennifer Miller, PharmD
[redacted]
[redacted]@aol.com

Nevada Off-Site Pharmacy Practice Application Questions

(a) Pharmacist Name & NV License Number
Jennifer Miller, NV 19242

(b) *A description of the services that the pharmacist intends to provide at the site*

- **Medication review & use**
- **Medication reconciliation (post-inpatient discharge)**
- **Disease state education (medication management & self-care)**
- **Medication adherence management**
- **Smoking cessation**

(c) The location at which the pharmacist will provide the services
CenterWell Senior Primary Care Clinics, Las Vegas, NV

- **Fremont: 1766 E Charleston Blvd, Las Vegas**
- **Spring Valley: 4001 S Decatur Blvd, Ste 25, Las Vegas**
- **North Rainbow: 3129 N Rainbow Blvd, Las Vegas**
- **South Nellis: 2875 S Nellis Blvd, Ste 3, Las Vegas**

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services
Medicare patients with chronic health conditions such as diabetes, heart disease & COPD.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services
Not applicable

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services

- **Clinic electronic medical record (EMR)**
- **External medication history (via EMR)**
- **Inpatient facility discharge records**
- **Clinical Pharmacology®**
- **UpToDate®**
- **Clinical treatment guidelines (current)**
- **Nevada State Board of Pharmacy Revised Statutes**
- **Nevada State Board of Pharmacy Administrative Regulations**
- **FDA Orange Book**
- **DEA Pharmacist's Manual**
- **Poison Control Center Contact Information**

(g) The days and hours during which the pharmacist intends to provide the services
Monday thru Friday, 8am – 5pm

(h) *An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable*
Pharmacist has a dedicated wireless phone and is available as needed to respond to provider inquiries.

(i) *An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records*
All communication and documentation is captured in the clinic EMR and follows the confidentiality and security policies of CenterWell Senior Primary Care

(j) *Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy*
Not applicable

(k) *A description of the business plan for the services provided*
The ambulatory care pharmacist consults with the clinic providers to ensure optimized medication therapy to improve patient outcomes, reduce inpatient and emergency department admissions and drive quality and cost effective care.

Signature:_____

Jennifer Miller, Pharm.D.
NV 19242

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EXECUTIVE SECRETARY REPORT
April 13-14, 2022

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 632.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - Covid Therapeutics Update

April 2022 Temporary Licenses since the last Board Meeting					
Name	**License Type**	**Name**	**License Type**	**Name**	**License Type**
Dipti Patel	Pharmacist	Christian Allen	Pharmacist	Christina Nutter	Pharmacist
JAMES DURAN	Pharmacist	Tianyi Chen	Pharmacist	Xuan Mai Arquines	Pharmacist
CHRISTINA ENG	Pharmacist	Rana Korkis	Pharmacist	Joseph Kersavage	Pharmacist
Kurt Howe	Pharmacist	Kristy Lau	Pharmacist	Alexandra Omat	Pharmacist
Olivia Rapacchietta	Pharmacist	Arun Mathew	Pharmacist	Mary Huff	Pharmacist
Bevan Jensen	Pharmacist	Joshua Morrison	Pharmacist	Ke Chen	Pharmacist
Brooke Monson	Pharmacist	Victoria Omutsani	Pharmacist	Patricia Bates	Pharmacist
Shanna Spalding	Pharmacist	Clay Parkel	Pharmacist	Clarissa Maravilla	Pharmacist
Thoai Tran	Pharmacist	Lauren Poteete	Pharmacist	Jill Seifert	Pharmacist
Opuda Ekine-Harry	Pharmacist	Gianna Peeler	Pharmacist	Kevin Coughlin	Pharmacist
Harold Shilling	Pharmacist	Katherine Phan	Pharmacist	Sabrina Curtis	Pharmacist
Marlette Oelofoen	Pharmacist	Clay Pingel	Pharmacist	Lynda Guggemos	Pharmacist
Sheri Chong	Pharmacist	Paresh Patel	Pharmacist		
Erin Helm	Pharmacist	William Quila	Pharmacist		
Dor Keyvani	Pharmacist	Ashley Richard	Pharmacist		
Lauren Grant	Pharmacist	Edward Robbins	Pharmacist		
Nhi Ho	Pharmacist	Andrew Russell	Pharmacist		
Jamie Huang	Pharmacist	Jordan Sampson	Pharmacist		
Janan Jones	Pharmacist	Andrew Schumacher	Pharmacist		
Caroline Johnson	Pharmacist	Sarah Slaughter	Pharmacist		
Michelle Kim	Pharmacist	Gustave Vinas II	Pharmacist		
Brooke Taylor	Pharmacist	Jean Watmore	Pharmacist		
Brian Straub	Pharmacist	Barbara Skultety	Pharmacist		
Daniel Johnson	Pharmacist	Richard Skultety	Pharmacist		
Simon Man	Pharmacist	Phi Nguyen	Pharmacist		
Sean Murphy	Pharmacist	Benjamin ROdin	Pharmacist		
Phong Nguyen	Pharmacist	Tyler Gunderson	Pharmacist		
John Nguyen	Pharmacist	Yisroel Allswang	Pharmacist		
Lora Panzik	Pharmacist	Steven Knodel	Pharmacist		
Paulette Wells	Pharmacist	Michael Costa	Pharmacist		
Anne Blackwell	Pharmacist	Dulari Patel	Pharmacist		
Marjorie Chen	Pharmacist	Michael Simpson	Pharmacist		
Anthony Champagne	Pharmacist	Anne Marie Sherwood	Pharmacist		
Nathan Christensen	Pharmacist	Laura Reibenstein	Pharmacist		
Emily Distler	Pharmacist	Courtney Nemer	Pharmacist		
Jenna Feng	Pharmacist	Sara Mowery	Pharmacist		
Hanna Johnson	Pharmacist	Gabrielle Kaplan	Pharmacist		
Emily Hurst	Pharmacist	Nidia Garcia	Pharmacist		
Mohini Ghale-Adhikari	Pharmacist	Preetika Kang	Pharmacist		
Thomas McCague	Pharmacist	Daniel MacDonald	Pharmacist		
Kevin Maza	Pharmacist	Megan Erdbruegger	Pharmacist		
Loan Nguyen	Pharmacist	Mohamed Gothamy	Pharmacist		
Ngoc Anh Nguyen	Pharmacist	Charity Andrews	Pharmacist		
Kembral Nelson	Pharmacist	Alexa Polston	Pharmacist		

2022 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
3/10/2022	Reliant Medical Group LLC	MP01458	3935 W Reno Ave Ste H, Las Vegas, NV 89118
3/15/2022	RARX LLC	PH03792	525 Metroplex Drive Ste 202, Nashville, TN 37211
3/17/2022	Roman Health Pharmacy LLC	PH04136	1125 W Pinnacle Peak Rd Bldg 1 Ste 111, Phonenix, AZ 85027
3/29/2022	iSleep LLC	MP01593	4690 Longley Lane Ste 7, Reno, NV 89502
3/29/2022	ZYLA LIFE SCIENCES US INC.	WH02143	100 S Saunders Rd Suite 300 Room 10 Lake Forest IL 60045

Citations & Fines issued pursuant to NRS 632.2895

(January 1, 2022, to March 24, 2022)

- Cite & Fine
  - Unlicensed Practice: 14
- Cease & Desist/Cite & Fine
  - Misfill: 34

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22		
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22		
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under	03/03/22	03/10/22	

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
					review by Dave			
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22		
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21					
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions.				
NAC 453.510: Schedule I - Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22	03/11/22	04/14/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				02/24/22 – To Dave /Yenh for review.				
(NAC) 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22					

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17A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop April 14, 2022

Explanation – Language in *blue italics* is new; language in *red text* [~~*omitted material*~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.146; NRS 453.221; NRS 639.070

A REGULATION relating to controlled substances; providing for the registration of a law enforcement officer engaged in training a canine in drug detection; adding methoxetamine to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

Section. 1. NAC 453.110 is hereby amended to read as follows:

1. For the purpose of registration under this chapter, the following groups of activities are deemed to be independent of each other:

(a) Manufacturing any controlled substance;

(b) Distributing any controlled substance;

(c) Dispensing, prescribing, conducting research, except for the research described in paragraph (d), and conducting instructional activities with any controlled substance listed in schedules II through V, inclusive;

(d) Conducting research with any narcotic drug listed in schedules II to V, inclusive, for the purpose of continuing the dependence of a person on the drug in the course of conducting an authorized clinical investigation in the development of a program for rehabilitation of narcotic addicts pursuant to a Notice of Claimed Investigational Exemption for a New Drug approved by the Food and Drug Administration;

(e) Conducting research and instructional activities with any controlled substances listed in schedule I; ~~and~~

(f) Conducting chemical analysis with a controlled substance listed in any schedule*; and*

(g) A law enforcement officer engaged in training a canine in drug detection.

2. A person who engages in more than one group of independent activities must obtain a separate registration for each group of activities except as provided in NAC 453.120.

3. Except as provided in subsection 4, a single registration to engage in any group of independent activities may include one or more of the controlled substances listed in the schedules which are authorized for that group.

4. A person registered to conduct research with the controlled substances listed in schedule I may conduct research with any substance listed in schedule I for which he or she has filed and had approved a research protocol.

Section 2. NAC 453.510 is hereby amended to read as follows:

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethdol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambuten;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

~~[4-Fluoroisobutyryl]~~ *Fluoroisobutyryl* fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide) *;* ~~[(some trade or other names: para-fluoroisobutyryl fentanyl);]~~

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

~~[3-Methylfentanyl (N-3-methyl-1-(2-phenylethyl)-4-piperidyl-N-phenylpropanamide);~~

~~3-Methylthiofentanyl (N-(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl-N-phenylpropanamide);]~~

Methoxyacetyl fentanyl; ~~[(2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);]~~

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-

yl)butyramide);

~~[Para-fluorofentanyl (N-(4-fluorophenyl)-N-1-(2-phenethyl)-4-piperidinylpropanamide);]~~

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazlo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N- o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy- N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4- ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin- 2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-

200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7- nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro- 2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin- 2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-

(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzofisochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

□ For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as Datura, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound,

manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha- pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha- pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1- one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha- aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethylβ-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3- benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4- FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1- one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)- 2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N Methylcathinone,cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α- methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-

one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in

subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

17B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – April 14, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.180; NRS 639.2107

A REGULATION relating to the regulation of pharmacy; requiring the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board; and providing other matters properly relating thereto.

Section. 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. The holder of any certificate, license or permit issued by the Board shall:

(a) Upon being convicted of any crime by any court of competent jurisdiction, other than a misdemeanor traffic violation not involving the use of alcohol or a controlled substance, report the conviction to the Executive Secretary within 60 days after the conviction and provide any documentation of the conviction requested by the Executive Secretary.

(b) Report any administrative action against the holder by any professional licensing board or agency of this or any other state or any federal agency to the Executive Secretary within 60 days after the final disposition of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary.

(c) Report the surrender of any registration issued by the Drug Enforcement Administration pursuant to 21 U.S.C. § 823 immediately upon the surrender and provide any documentation of the surrender requested by the Executive Secretary.

2. The Executive Secretary, on behalf of the Board, may require the holder of any certificate, license or permit issued by the Board who reports a conviction or an administrative action pursuant to subsection 1 to appear personally before the Board before the renewal of the certificate, license or permit.

3. For the purposes of this section, the term "conviction" includes, without limitation:

(a) A final judgment of conviction;

(b) A plea of guilty or nolo contendere;

(c) A plea pursuant to North Carolina v. Alford, 400 U.S. 25 (1970); and

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(d) A guilty verdict following a bench or jury trial, regardless of whether a sentence is suspended or deferred, a final judgment of conviction has been entered or there are any pending appeals.

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18

18A

PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

LCB File No. R006-22

February 23, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding isotonitazene to the controlled substances listed in schedule 1; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation adds isotonitazene, which is a synthetic opioid, to the list of controlled substances set forth in schedule I.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazine;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl -4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl- 4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part

of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

18B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R007-21

February 28, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1-3, NRS 639.070.

A REGULATION relating to pharmacy; establishing the requirements for an oncology group practice to obtain a certificate of registration from the State Board of Pharmacy to maintain a single inventory of dangerous drugs received at a site of practice; prescribing the procedure for renewing such a certificate; prescribing certain powers and duties of the dispensing practitioners of such a registered oncology group practice; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an exclusive list of persons, including practitioners, to possess and administer a dangerous drug in this State. (NRS 454.213) Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) **Section 2** of this regulation defines "oncology group practice" to mean two or more dispensing practitioners who practice oncology in a group practice. **Section 1** of this regulation requires such a practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the practice to apply to the Board for a certificate of registration and submit the applicable fee. **Section 1** provides that the Board will issue a certificate of registration to an oncology group practice upon receipt of a completed application and fee. **Section 1** provides that a certificate: (1) entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification; (2) is a revocable privilege; and (3) is valid for 2 years after the date on which the certificate is issued. **Section 1** additionally prescribes the procedure for renewing such a certificate and requires an oncology group practice registered with the Board to notify the Board of the addition or removal of a dispensing practitioner of the practice.

Existing regulations require a practitioner who wishes to dispense dangerous drugs to obtain a certificate of registration from the Board. (NAC 639.742) Existing regulations require a practitioner who is registered with the Board to perform certain duties concerning dispensing of dangerous drugs. (NAC 639.742, 639.745) **Section 1**: (1) authorizes a dispensing practitioner of an oncology group practice registered with the Board to dispense any dangerous drug accounted for in the inventory of the oncology group practice; and (2) requires such a dispensing practitioner to maintain separate records of each dangerous drug dispensed by him or her.

Section 3 of this regulation provides that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to dispensing dangerous drugs.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. An oncology group practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice must submit a separate application and fee for each site of practice at which the oncology group practice wishes to maintain a single inventory of dangerous drugs.

2. Upon receipt of a completed application and fee, the Board will issue a certificate of registration to an oncology group practice. A certificate of registration is valid for 2 years after the date on which the certificate is issued by the Board, unless an oncology group practice renews its registration.

3. To renew a certificate of registration, an oncology group practice must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.

4. A certificate of registration issued pursuant to this section:

(a) Entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification.

(b) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

5. An oncology group practice registered pursuant to this section shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the oncology group practice not later than 15 days after the addition or removal, as applicable.

6. A dispensing practitioner of an oncology group practice registered pursuant to this section:

(a) May dispense any dangerous drug accounted for in the single inventory of the oncology group practice.

(b) Shall ensure that he or she complies with the requirements prescribed by NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by him or her.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.

3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

6. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No.R004-19.

9. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. ***"Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.***

11. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~11.~~ *12.* "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (c) of subsection 2 of NAC

639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

[12.] *13.* "Practitioner" has the meaning ascribed to it in NRS 639.0125.

[13.] *14.* "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

[14.] *15.* "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

[15.] *16.* "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Sec. 3. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense

controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in *this section and* NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of this regulation, the dispensing practitioners of an oncology group practice registered pursuant to section 1 of this

regulation are jointly responsible for ensuring that the requirements prescribed by subsection 3 are met.

Section 3 of this regulation provides that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to dispensing dangerous drugs.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. *An oncology group practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice must submit a separate application and fee for each site of practice at which the oncology group practice wishes to maintain a single inventory of dangerous drugs.*
2. ~~*[Upon receipt of a completed application and fee, the]*~~ *The Board will issue a certificate of registration to an oncology group practice if the application for a certificate of registration is approved and the requisite fee is paid.* ~~*[A certificate of registration is valid for 2 years after the date on which the certificate is issued by the Board, unless an oncology group practice renews its registration.]*~~
3. *To renew a certificate of registration, an oncology group practice must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.*
4. *A certificate of registration issued pursuant to this section:*

(a) Entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification.

18C

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R119-21

February 24, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070 and section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013).

A REGULATION relating to pharmacy; establishing the languages in which certain pharmacies are required to provide the directions for use of a prescription drug to certain patients or authorized representatives of certain patients; establishing a method by which the Board will update the list of such languages; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to regulate the practice of pharmacy, including the sale and dispensing of drugs. (NRS 639.070) Existing law sets forth requirements for labeling containers for prescription drugs, including a requirement that each pharmacy, except for an institutional pharmacy, provide the directions for use on the label or other device affixed to the container for the prescription drug in English and, upon the request of a prescribing practitioner, patient or authorized representative of a patient, any language prescribed by regulations adopted by the Board. (Section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013)) This regulation requires the directions for use on the label or other device affixed to the container for the prescription drug to be provided, upon the request of the prescribing practitioner, a patient or an authorized representative of a patient, at the time the prescription drug is dispensed, in both English and Spanish, Tagalog, Chinese, Amharic, Somali, Vietnamese or Korean. If information in the additional requested language does not fit on the label or other device affixed to the container for the prescription drug, this regulation requires it to be provided in a document provided to the patient or his or her authorized representative at the time the prescription drug is dispensed. Finally, this regulation provides that after the tabulations of population are reported by the Secretary of Commerce for each decennial census conducted by the Bureau of the Census of the United States Department of Commerce, the Board will: (1) review the demographic trends and projections of this State; and (2) if the Board determines that the list of languages set forth in this regulation must be updated, adopt a regulation to update that list within 120 days after its determination.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Pursuant to section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013), each pharmacy, except for an institutional pharmacy, shall, upon the request of the prescribing practitioner, a patient or an authorized representative of a patient, provide the information required by subsection 6 of NRS 639.2801 in both English and any one of the following languages:

(a) Spanish;

(b) Tagalog;

(c) Chinese, in both traditional and simplified;

(d) Amharic;

(e) Somali;

(f) Vietnamese; or

(g) Korean.

2. If the information required by subsection 6 of NRS 639.2801 is required to be provided in a language listed in subsection 1, other than English, and the information does not fit on the label or other device which is affixed to the container in which the prescription is dispensed:

(a) The information must be provided in a document that is provided to the patient or an authorized representative of the patient at the time the prescription is dispensed alongside the prescribed drug; and

(b) In addition to complying with the requirements of NAC 639.707 and 639.708, the pharmacist must inform the patient or authorized representative of the patient of the information provided pursuant to paragraph (a).

3. As soon as practicable after the tabulations of population are reported by the Secretary of Commerce for a decennial census conducted by the Bureau of the Census of the United States Department of Commerce, the Board will review demographic trends and projections of this State. If the Board determines that the languages listed in subsection 1 must be updated, the Board will adopt a regulation to update the languages listed in subsection 1 within 120 days after its determination.

18D

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R144-20

December 14, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule controlled substances listed in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) This regulation adds certain substances commonly known as Kratom, which are not currently listed under schedule I of the federal Controlled Substances Act (21 C.F.R. § 1308.11), to the list of controlled substances in schedule I of the Uniform Controlled Substances Act.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxymitragynine (some trade or other names: 7-hydroxymitragynine, (αE,2S,3S,7aS,12bS)-3-ethyl-1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)indolo[2,3-a]quinolizine-2-acetic acid methyl ester; 9-methoxycorynantheidine hydroxyindolenine; mitragynine hydroxyindolenine);

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Mitragynine (some trade or other names: methyl (e)-2-[(2s,3s,12bs)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate; (αE,2S,3S,12bS)-3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid, methyl ester; 16,17-Didehydro-9,17-dimethoxy-17,18-seco-20α-yohimban-16-carboxylic acid methyl ester; 9-methoxy Corynantheidine);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-

carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

Schedules

NRS 453.166 Schedule I tests. The Board shall place a substance in schedule I if it finds that the substance:

1. Has high potential for abuse; and
2. Has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

(Added to NRS by 1971, 2005)

NRS 453.176 Schedule II tests. The Board shall place a substance in schedule II if it finds that:

1. The substance has high potential for abuse;
2. The substance has accepted medical use in treatment in the United States, or accepted medical use with severe restrictions; and
3. The abuse of the substance may lead to severe psychological or physical dependence.

(Added to NRS by 1971, 2006; A 1991, 1653)

NRS 453.186 Schedule III tests. The Board shall place a substance in schedule III if it finds that:

1. The substance has a potential for abuse less than the substances listed in schedules I and II;
2. The substance has currently accepted medical use in treatment in the United States; and
3. Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

(Added to NRS by 1971, 2008)

NRS 453.196 Schedule IV tests. The Board shall place a substance in schedule IV if it finds that:

1. The substance has a low potential for abuse relative to substances in schedule III;
2. The substance has currently accepted medical use in treatment in the United States; and
3. Abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in schedule III.

(Added to NRS by 1971, 2008)

NRS 453.206 Schedule V tests. The Board shall place a substance in schedule V if it finds that:

1. The substance has a low potential for abuse relative to substances listed in schedule IV;
2. The substance has accepted medical use in treatment in the United States; and
3. Abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances listed in schedule IV.

(Added to NRS by 1971, 2009; A 1991, 1653)

NRS 453.211 Review, revision and dissemination of schedules.

1. The Board shall:

(a) Review the schedules annually and maintain a list of current schedules.

(b) Upon the revision of a schedule, cause a copy of the revised schedule to be sent to each district attorney, public defender and judge in the State of Nevada.

(c) Make copies of the list of current schedules available to members of the public upon request. The Board may charge a reasonable fee for providing the copies.

2. Failure to publish revised schedules is not a defense in any administrative or judicial proceeding under NRS 453.011 to 453.552, inclusive.

(Added to NRS by 1971, 2009; A 1991, 1653; 1993, 635; 2001, 1056; 2003, 551)

NRS 453.216 Nomenclature. The controlled substances listed or to be listed in schedules I, II, III, IV or V are included by whatever official, common, usual, chemical or trade name designated.

(Added to NRS by 1971, 2009; A 1981, 735)

NRS 453.218 Addition of immediate precursor to schedule. The Board, without regard to the findings required by NRS 453.166, 453.176, 453.186, 453.196, 453.206 or subsection 4 of NRS 453.146 or the procedures prescribed by subsections 1 to 4, inclusive, of NRS 453.146, may add an immediate precursor to the same schedule in which the controlled substance of which it is an immediate precursor is included or to in any other schedule. If the Board designates a substance as an immediate precursor, substances which are precursors of the controlled precursor are not subject to control solely because they are precursors of the controlled precursor.

(Added to NRS by 1991, 1644)

NRS 453.2182 Treatment by Board when substance is designated, rescheduled or deleted as controlled substance by federal law. If a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board shall similarly treat the substance pursuant to the provisions of NRS 453.011 to 453.552, inclusive, after the expiration of 60 days from publication in the Federal Register of a final order designating a substance as a controlled substance or rescheduling or deleting a substance or from the date of issuance of an order of temporary scheduling under Section 508 of the federal Dangerous Drug Diversion Control Act of 1984, 21 U.S.C. § 811(h), unless within the 60-day period, the Board or an interested party objects to the treatment of the substance. If no objection is made, the Board shall adopt, without making the determinations or findings required by subsections 1 to 4, inclusive, of NRS 453.146 or NRS 453.166, 453.176, 453.186, 453.196 or 453.206, a final regulation treating the substance. If an objection is made, the Board shall make a determination with respect to the treatment of the substance as provided by subsections 1 to 4, inclusive, of NRS 453.146. Upon receipt of an objection to the treatment by the Board, the Board shall publish notice of the receipt of the objection, and action by the Board is stayed until the Board adopts a regulation as provided by subsection 4 of NRS 453.146.

(Added to NRS by 1991, 1644; A 2001, 1056; 2003, 552)

NRS 453.2184 Scheduling of substance by extraordinary regulation. The Board, by extraordinary regulation and without regard to the requirements of subsections 1, 2 and 3 of NRS 453.146 may schedule a substance in schedule I, whether or not the substance is substantially similar to a controlled substance included in schedule I or II, if the Board finds that scheduling of the substance by extraordinary regulation is necessary to avoid an imminent hazard to the public safety and the substance is not in any other schedule and no exemption or approval is in effect for the substance under Section 505 of the federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355). Upon receipt of notice under NRS 453.219 the Board shall initiate scheduling of the controlled substance analog by extraordinary regulation pursuant to this section. The scheduling of a substance under this section expires 1 year after the adoption of the extraordinary regulation. With respect to the finding of an imminent hazard to the public safety, the Board shall consider whether the substance has been scheduled on a temporary basis under federal law and the factors set forth in paragraphs (d), (e) and (f) of subsection 2 of NRS 453.146, and may also consider clandestine importation, manufacture or distribution, and if available, information concerning the other factors set forth in subsection 2 of NRS 453.146. An extraordinary regulation may not be adopted under this section until the Board initiates a proceeding to adopt a regulation pursuant to subsections 1 to 4, inclusive, of NRS 453.146 with respect to the substance. An extraordinary regulation adopted under this section lapses upon the conclusion of the proceeding initiated under subsections 1 to 4, inclusive, of NRS 453.146 with respect to the substance.

(Added to NRS by 1991, 1645)

NRS 453.2186 Board prohibited from including certain substances on schedule; exceptions; required considerations.

1. Authority to control pursuant to NRS 453.146, 453.218, 453.2182 and 453.2184 does not extend to distilled spirits, wine, malt beverages or tobacco.

2. The Board shall not include any nonnarcotic substance on any schedule if that substance is in a form suitable for final dosage and has been approved by the Food and Drug Administration for sale over the counter without a prescription, unless the Board affirmatively finds that:

(a) The substance itself or one or more of its active ingredients is an immediate precursor of a controlled substance; and

(b) The substance is materially misbranded or mislabeled, or the public interest requires the scheduling of the substance as a controlled substance in schedule I, II, III or IV.

3. In determining whether the public interest requires the scheduling of the substance, the Board shall consider:

(a) Whether the customary methods of marketing and distributing the substance are likely to lead to its unlawful distribution or use, including any relevant information with regard to a manufacturer or distributor of the substance concerning:

(1) His or her record of compliance with applicable federal, state and local statutes, ordinances and regulations;

(2) His or her past experience in the manufacture and distribution of controlled substances, and the existence in his or her establishment of effective controls against the unlawful distribution or use of the substance;

(3) Whether he or she has ever been convicted under any federal or state law relating to a controlled substance; and

(4) Whether he or she has ever furnished materially falsified or fraudulent material in any application filed pursuant to NRS 453.011 to 453.552, inclusive;

(b) Whether the substance is controlled under the federal Controlled Substances Act;

(c) The status of any pending proceeding to determine whether the substance should be controlled or exempted from control;

(d) Any history of abuse or misuse of the substance in this State; and

(e) Any other factors which are relevant to the public health and safety.

4. In determining whether a substance is misbranded or mislabeled, the Board shall consider the requirements of the federal Food, Drug, and Cosmetic Act and the Code of Federal Regulations concerning indications for its use and any advertising for a use not so indicated.

(Added to NRS by 1991, 1645)

NRS 453.2188 Placement of substance in schedule allowed if controlled by federal law pursuant to international treaty, convention or protocol. The Board may place a substance in schedule I, II, III, IV or V without making the findings respectively required for those schedules if the substance is controlled under the corresponding schedule of the federal Controlled Substances Act by a federal agency as the result of an international treaty, convention or protocol.

(Added to NRS by 1991, 1646)

NRS 453.219 Controlled substance analog: Treatment as substance in schedule I; notice of prosecution; determination by Board. A controlled substance analog, to the extent intended for human consumption, must be treated, for the purposes of NRS 453.011 to 453.552, inclusive, as a substance included in schedule I. Within 30 days after the initiation of prosecution with respect to a controlled substance analog by indictment or information, the district attorney shall notify the Board of information relevant to scheduling by extraordinary regulation as provided for in NRS 453.2184. If the Board finally determines that the controlled substance analog should not be scheduled, no prosecution relating to that substance as a controlled substance analog may be commenced or continued.

(Added to NRS by 1991, 1646; A 2001, 1056; 2003, 552)

Department of Justice/Drug Enforcement Administration
Drug Fact Sheet

Kratom

WHAT IS KRATOM?

Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymytragynine). These leaves are crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the abuse of kratom has increased markedly in recent years.



Kratom tree

How is it abused?

Mostly abused by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.



Leaf of kratom tree

What are the effects?

At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.



Kratom capsules

What does it do to the body?

Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

Kratom is not controlled under the Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.

FDA NEWS RELEASE

FDA issues warnings to companies selling illegal, unapproved kratom drug products marketed for opioid cessation, pain treatment and other medical uses

More Press Announcements (/news-events/newsroom/press-announcements)

For Immediate Release:
June 25, 2019

The U.S. Food and Drug Administration issued warning letters (/inspections-compliance-enforcement-and-criminal-investigations/compliance-actions-and-activities/warning-letters) to two marketers and distributors of kratom products – Cali Botanicals (/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/cali-botanicals-llc-575320-06112019) of Folsom, California, and Kratom NC (/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/kratomnc-576964-05162019) of Wilmington, North Carolina – for illegally selling unapproved, misbranded kratom-containing drug products with unproven claims about their ability to treat or cure opioid addiction and withdrawal symptoms. The companies also make claims about treating pain, as well as other medical conditions like depression, anxiety and cancer.

"We have issued numerous warnings about the serious risks associated with the use of kratom, including warnings about the contamination of kratom products with high rates of salmonella that put people using kratom products at risk, and resulted in numerous illnesses and recalls. As part of our efforts to assess kratom for contamination in the products tested, we also found high levels of heavy metals in kratom products. Despite our warnings, companies continue to sell this dangerous product and make deceptive medical claims that are not backed by science or any reliable scientific evidence," said Acting FDA Commissioner Ned Sharpless, M.D. "As we work to combat the opioid crisis, we cannot allow unscrupulous vendors to take advantage of consumers by selling products with unsubstantiated claims that they can treat opioid addiction or alleviate other medical conditions."

The FDA continues to warn consumers not to use Mitragyna speciosa (/news-events/public-health-focus/fda-and-kratom), commonly known as kratom, a plant that grows naturally in Thailand, Malaysia, Indonesia and Papua New Guinea. Kratom is not legally marketed in the United States as a drug or dietary supplement, and while it is important to gather more evidence, data suggest that certain substances in kratom have opioid properties that expose users to the risks of addiction, abuse and dependence. There are no FDA-approved uses for kratom, and the agency has received concerning reports about the safety of kratom. The FDA is actively evaluating available scientific information on this issue and continues to warn consumers not to use any products labeled as containing the botanical substance kratom or its psychoactive compounds, mitragynine and 7-hydroxymitragynine. The FDA encourages more research to better understand kratom's safety profile, including the use of kratom combined with other drugs.

The companies receiving warning letters use websites and social media to illegally market kratom products, making unproven claims about the ability of the kratom drug products they distribute to cure, treat or prevent disease. Examples of claims being made by these companies include:

- "Kratom acts as a μ-opioid receptor-like morphine."
- "In fact many people use kratom to overcome opiate addiction."
- "Of course, people who are using kratom to overcome a preexisting opiate addiction may need to use kratom daily to avoid opiate withdrawal."
- "Usage: It is for the management of chronic pain, as well as recreationally."
- "Kratom is frequently used as a natural alternative to treat depression, anxiety, addiction, diabetes, chronic pain and fatigue…Kratom has been reported to have taken the place of brand name drugs like Hydrocodone or Oxycodone for individuals, all the way to weaning people off of Heroin."
- "Some researchers have even claimed that kratom can protect you against cancer!"
- "Kratom is used for energy, to increase attention/focus, to relax, and also to treat pain and addiction. Here is just some of what our customers have used kratom to treat . . . Chronic Pain, Migraines, Opiate Addiction, ADHD/ADD, Anxiety, Depression, Arthritis, Insomnia and much more!"

Health fraud scams like these can pose serious health risks. These products have not been demonstrated to be safe or effective for any use and may keep some patients from seeking appropriate, FDA-approved therapies. Selling these unapproved products with claims that they can treat opioid addiction and withdrawal and other serious medical conditions is a violation of the Federal Food, Drug, and Cosmetic Act.

The FDA requested responses from both companies within 15 working days. The companies are directed to inform the agency of the specific actions taken to address each of the agency's concerns. The warning letters also state that failure to correct violations may result in law enforcement action such as seizure or injunction.

Reducing the number of Americans who are addicted to opioids and cutting the rate of new addiction is one of the FDA's highest priorities. This work includes promoting more widespread innovation and access to opioid addiction treatments for the more than 2 million of Americans with an opioid use disorder (https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm). The FDA is taking new steps to make safe and effective medication assisted treatments (MAT) available to those who suffer from opioid use disorder and to reduce the stigma that is sometimes associated with use of these therapies. Using products with unsubstantiated claims may prevent those addicted to opioids from seeking treatments that have been demonstrated to

be safe and effective. Reliance on products with unsubstantiated claims may delay their path to recovery and put them at greater risk of addiction, overdose and death. In fact, patients receiving FDA-approved MAT cut their risk of death in half, according to the Substance Abuse and Mental Health Services Administration.

Health care professionals and consumers are encouraged to report any adverse events related to these products to the FDA's MedWatch (/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) Adverse Event Reporting program. To file a report, use the MedWatch Online Voluntary Reporting Form (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home). The completed form (/safety/medical-product-safety-information/medwatch-forms-fda-safety-reporting) can be submitted online or via fax to 800-FDA-0178.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Related Information

FDA and Kratom (/news-events/public-health-focus/fda-and-kratom)

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Consumer:

888-INFO-FDA

FDA STATEMENT

Statement from FDA Commissioner Scott Gottlieb, M.D., on the agency's scientific evidence on the presence of opioid compounds in kratom, underscoring its potential for abuse

More Press Announcements (/news-events/newsroom/press-announcements)

For Immediate Release:
February 06, 2018
Statement From:

Over the past several months, there have been many questions raised about the botanical substance known as kratom. Our concerns related to this product, and the actions we've taken, are rooted in sound science and are in the interest of protecting public health. However, we recognize that there is still much that is unknown about kratom, which is why we've taken some significant steps to advance the scientific understanding of this product and how it works in the body. Today, we're providing details of some of the important scientific tools, data and research that have contributed to the FDA's concerns about kratom's potential for abuse, addiction, and serious health consequences; including death.

Notably, we recently conducted a novel scientific analysis using a computational model developed by agency scientists, which provided even stronger evidence of kratom compounds' opioid properties. These kinds of models have become an advanced, common and reliable tool for understanding the behavior of drugs in the body. We also have learned more about deaths that involved kratom use, and have identified additional adverse events related to this product. This new data adds to our body of substantial scientific evidence supporting our concerns about the safety and abuse potential of kratom.

We have been especially concerned about the use of kratom to treat opioid withdrawal symptoms, as there is no reliable evidence to support the use of kratom as a treatment for opioid use disorder and significant safety issues exist. We recognize the need and desire for alternative treatments for both the treatment of opioid addiction, as well as the treatment of chronic pain. The FDA stands ready to evaluate evidence that could demonstrate a medicinal purpose for kratom. However, to date, we have received no such submissions and are not aware of any evidence that would meet the agency's standard for approval.

The FDA's PHASE model used to assess kratom

Federal agencies need to act quickly to evaluate the abuse potential of newly identified designer street drugs for which limited or no pharmacological data are yet available. This is why the FDA developed the Public Health Assessment via Structural Evaluation (PHASE) methodology – a tool to help us simulate, using 3-D computer technology, how the chemical constituents of a substance (such as the compounds/alkaloids found in kratom) are structured at a molecular level, how they may behave inside the body, and how they can potentially affect the brain. In effect, PHASE uses the molecular structure of a substance to predict its biological function in the body. For example, the modelling platform can simulate how a substance will affect various receptors in the brain based on a product's chemical structure and its similarity to controlled substances for which data are already available.

Using this computational model, scientists at the FDA first analyzed the chemical structures of the 25 most prevalent compounds in kratom. From this analysis, the agency concluded that all of the compounds share the most structural similarities with controlled opioid analgesics, such as morphine derivatives.

Next, our scientists analyzed the chemical structure of these kratom compounds against the software to determine its likely biologic targets. The model predicted that 22 (including mitragynine) of the 25 compounds in kratom bind to mu-opioid receptors. This model, together with previously available experimental data, confirmed that two of the top five most prevalent compounds (including mitragynine) are known to activate opioid receptors ("opioid agonists").

The new data provides even stronger evidence of kratom compounds' opioid properties.

The computational model also predicted that some of the kratom compounds may bind to the receptors in the brain that may contribute to stress responses that impact neurologic and cardiovascular function. The agency has previously warned of the serious side effects associated with kratom including seizures and respiratory depression.

The third aspect of the model is the 3-D image we generate to look at not just where these compounds bind, but how strongly they bind to their biological targets. We found that kratom has a strong bind to mu-opioid receptors, comparable to scheduled opioid drugs.

So what does this body of scientific evidence mean? The FDA relies on this kind of sophisticated model and simulation to supplement its data on how patients react to drugs; often as a way to fully elucidate the biological activity of a new substance. The data from the PHASE model shows us that kratom compounds are predicted to affect the body just like opioids. Based on the scientific information in the literature and further supported by our computational modeling and the reports of its adverse effects in humans, we feel confident in calling compounds found in kratom, opioids.

Furthermore, this highlights the power of our computational model-based approach to rapidly assess any newly identified natural or synthetic opioids to respond to a public health emergency.

Learnings from reports of death associated with kratom

We've been carefully monitoring the use of kratom for several years, and have placed kratom products on import alert to prevent them from entering the country illegally. We have also conducted several product seizures. These actions were based, in part, on a body of academic research, as well as reports we have received, suggesting harm associated with its use. And we are not alone in our evaluation and our public health concerns. Numerous countries, states and cities have

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banned kratom from entering their jurisdictions. We described some of this information in a public health advisory (/news-events/public-health-focus/fda-and-kratom) in November 2017, in which we urged consumers not to use kratom or any compounds found in the plant.

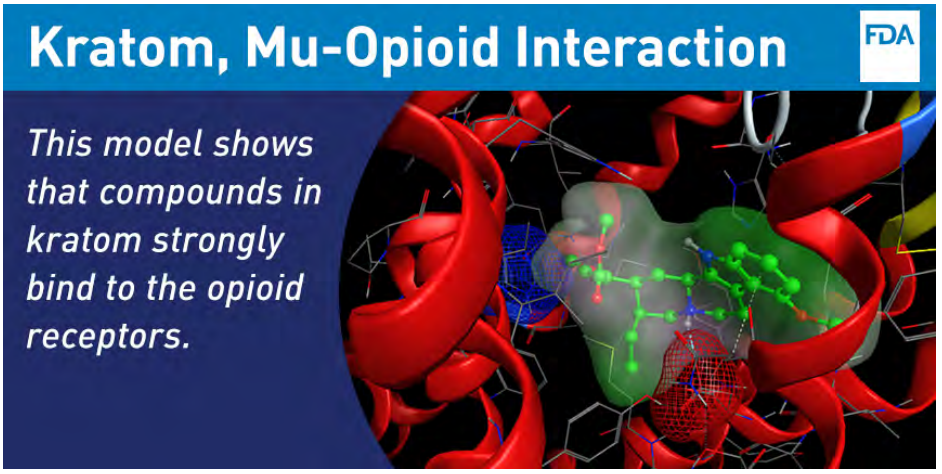
Now, I'd like to share more information about the tragic reports we have received of additional deaths involving the use of kratom. Looking at the information we have received – including academic research, poison control data, medical examiner reports, social science research and adverse event reports – we now have 44 reported deaths associated with the use of kratom. This is an increase since our November advisory, which noted 36 deaths associated with these products. We're continuing to review the newly received reports and will release those soon. But it's important to note that these new reports include information consistent with the previous reports.

Today, we're releasing the reports of the 36 deaths (/news-events/public-health-focus/fda-and-kratom) we referenced in November. These reports underscore the serious and sometimes deadly risks of using kratom and the potential interactions associated with this drug. Overall, many of the cases received could not be fully assessed because of limited information provided; however, one new report of death was of particular concern. This individual had no known historical or toxicologic evidence of opioid use, except for kratom. We're continuing to investigate this report, but the information we have so far reinforces our concerns about the use of kratom. In addition, a few assessable cases with fatal outcomes raise concern that kratom is being used in combination with other drugs that affect the brain, including illicit drugs, prescription opioids, benzodiazepines and over-the-counter medications, like the anti-diarrheal medicine, loperamide. Cases of mixing kratom, other opioids, and other types of medication is extremely troubling because the activity of kratom at opioid receptors indicates there may be similar risks of combining kratom with certain drugs, just as there are with FDA-approved opioids.

However, unlike kratom, FDA-approved drugs have undergone extensive review for safety and efficacy, and the agency continuously tracks safety data for emerging safety risks that were previously unknown. So we have better information about the risks associated with these products; and can better inform the public of new safety concerns. For example, in August 2016 (/drugs/information-drug-class/new-safety-measures-announced-opioid-analgesics-prescription-opioid-cough-products-and), the FDA required a class-wide change to drug labeling to help inform health care providers and patients of the serious risks (including respiratory depression, coma and death) associated with the combined use of certain opioid medications and benzodiazepines. In June 2016 (/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-about-serious-heart-problems-high-doses-antidiarrheal), the agency also issued a warning that taking significantly high doses of loperamide, including through abuse or misuse of the product to achieve euphoria or self-treat opioid withdrawal, can cause serious heart problems that can lead to death. We also recently took steps (/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-limits-packaging-anti-diarrhea-medicine-loperamide-imodium) to help reduce abuse of loperamide by requesting packaging restrictions for these products sold "over-the-counter."

Taken in total, the scientific evidence we've evaluated about kratom provides a clear picture of the biologic effect of this substance. Kratom should not be used to treat medical conditions, nor should it be used as an alternative to prescription opioids. There is no evidence to indicate that kratom is safe or effective for any medical use. And claiming that kratom is benign because it's "just a plant" is shortsighted and dangerous. After all, heroin (https://www.drugabuse.gov/publications/drugfacts/heroin) is an illegal, dangerous, and highly-addictive substance containing the opioid morphine, derived from the seed pod of the various opium poppy plants.

Further, as the scientific data and adverse event reports have clearly revealed, compounds in kratom make it so it isn't just a plant – it's an opioid. And it's an opioid that's associated with novel risks because of the variability in how it's being formulated, sold and used recreationally and by those who are seeking to self-medicate for pain or who use kratom to treat opioid withdrawal symptoms. We recognize that many people have unmet needs when it comes to treating pain or addiction disorders. For individuals seeking treatment for opioid addiction who are being told that kratom can be an effective treatment, I urge you to seek help from a health care provider. There are safe and effective, FDA-approved medical therapies available for the treatment of opioid addiction. Combined with psychosocial support, these treatments are effective. Importantly, there are three drugs (buprenorphine, methadone, and naltrexone) approved by the FDA for the treatment of opioid addiction, and the agency is committed to promoting more widespread innovation and access to these treatments to help those suffering from an opioid use disorder transition to lives of sobriety. There are also safer, non-opioid options to treat pain. We recognize that some patients have tried available therapies, and still have unmet medical needs. We're deeply committed to these patients, and to advancing new, safe and effective options for those suffering from these conditions.



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The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Related Information

- FDA and Kratom (/news-events/public-health-focus/fda-and-kratom)
- CFSAN Adverse Event Reporting System: Kratom Deaths (December 1, 2017) (/files/about fda/published/CFSAN-Adverse-Event-Reporting-System--Kratom-Deaths-(December-1--2017).pdf)
- FDA Adverse Event Reporting System: Kratom Deaths (February 6, 2018) (/files/drugs/published/Adverse-event-reports-for-Kratom-involoving-death.pdf)
- Statement from FDA Commissioner Scott Gottlieb, M.D. on FDA advisory about deadly risks associated with kratom (November 2017) (/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-fda-advisory-about-deadly-risks-associated-kratom)

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4 Myths about Kratom That You Should Stop Believing Now

By **Manjari Bansal**

> *Kratom is a natural product, but that doesn't mean it is always safe. Here are some myths about kratom that you should be aware of.*

Kratom is an opioid-like substance obtained from the leaves of a plant found in Southeast Asia and Africa. Since it is often called a "natural supplement", you may think it is harmless to consume. But is kratom safe? Kratom side effects can be harmful and have even included death in severe cases. Read on to debunk kratom myths and avoid serious side effects.

WebMD Connect to Care

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Myth 1: Kratom is not addictive.

When you take kratom, it produces effects similar to both opioids and stimulants, according to the National Institute on Drug Abuse (NIDA). Chemicals found in kratom interact with opioid receptors in your brain and produce feelings of pleasure, reduced pain, sedation, sociability, and excitement.

Since it has opioid-like effects, "Kratom can be addictive and can cause withdrawal symptoms," Monty Ghosh, MD, addiction specialist at the University of Alberta Hospital in Edmonton, tells WebMD Connect to Care.

"As such, people need to be careful when taking kratom, and it can lead to concerns of dependence and misuse," Ghosh says.

Myth 2: You can safely use kratom in medication assisted treatment for opioid addiction.


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However, since kratom also has opioid-like properties, it carries many of the same risks as opioids, including dependence and uncomfortable side effects, reports NIDA.

“Kratom can be just as dangerous as opioids, and the most common way to treat kratom disorder is by using medications which we use to treat opioid use disorder like buprenorphine/naloxone,” Ghosh says.

If you or a loved one is struggling with addiction, don't wait. Get help today.
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NIDA also notes that there is no scientific evidence proving that kratom can be effectively used within medication assisted treatment for opioid addiction or opioid withdrawal symptoms.

Myth 3: There is no risk of overdose with kratom.

“People can still overdose with kratom, usually when mixed with other substances, but it can act as a depressant and as such can lead to overdoses,” Ghosh says.

According to NIDA, there are multiple reports of death following kratom use. In 2017, the FDA reported nearly 44 deaths associated with kratom use, with one case involving the use of pure kratom. However, most of these kratom-related deaths were due to the intake of kratom and other substances like alcohol, opioids, and benzodiazepines.

NIDA also notes that many of these fatalities appear to have resulted from the use of adulterated kratom products. For example, there are reports of some kratom products labeled as dietary supplements being laced with dangerous substances that have caused death when ingested.

Myth 4: There are no kratom side effects, since it is a supplement.

“Supplements actually are not regulated by the FDA. Therefore, there is no guarantee that a supplement will actually contain the ingredients listed on the label. Also, there are no requirements for scientific studies to assess its efficacy. Lastly, side effects are still a possibility,” Julian Lagoy, MD, a psychiatrist with Community Psychiatry + MindPath Care Centers, tells WebMD Connect to Care.

Kratom is obtained from plants, but that does not mean it is entirely safe, reports Cleveland Clinic. It can cause serious side effects like:

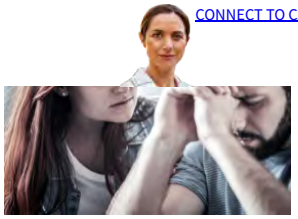
- Heart attack and abnormal heartbeat
- Hallucination
- Brain disease
- Insomnia
- Liver damage
- Kidney damage
- Respiratory depression
- Seizures

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Kratom



Image Courtesy of University of Florida College of Pharmacy

- "Kratom" commonly refers to an herbal substance that can produce opioid- and stimulant-like effects. Kratom and kratom-based products are currently legal and accessible in many areas, though U.S. and international agencies continue to review emerging evidence to inform kratom policy.[1]
- While there are no uses for kratom approved by the U.S. Food and Drug Administration, people report using kratom to manage drug withdrawal symptoms and cravings (especially related to opioid use), pain, fatigue and mental health problems.[2,3,4] NIDA supports and conducts research to evaluate potential medicinal uses for kratom and related chemical compounds.
- NIDA also supports research towards better understanding the health and safety effects of kratom use. Rare but serious effects have been reported in people who use kratom, including psychiatric, cardiovascular, gastrointestinal and respiratory problems.[1,5] Compared to deaths from other drugs, a very small number of deaths have been linked to kratom products and nearly all cases involved other drugs or contaminants.[1,6,7,8,9,10]

Looking for Treatment? Use the **SAMHSA Treatment Locator** or call **1-800-662-HELP (4357)**.

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What is kratom?

"Kratom" refers to both *Mitragyna speciosa,* a tree native to Southeast Asia, and to products derived from its leaves that are marketed as herbal supplements. Kratom leaves contain many chemical compounds (known as bioactive alkaloids) that can affect the body. The most well-studied compounds related to kratom are mitragynine and 7-hydroxymitragynine.[1] (See How do kratom compounds work in the brain?)

Much is still unknown about chemical compounds related to kratom, the short- and long-term health and safety impacts of kratom use and kratom's potential therapeutic uses. NIDA supports and conducts research on kratom and related chemical compounds to help inform kratom policy and health decision-making around kratom use. (See How is NIDA advancing research on about kratom?)

While kratom or its related compounds have not been approved by the U.S. Food and Drug Administration as safe and effective for any medical use, people report using kratom products to alleviate drug withdrawal symptoms and cravings (particularly for opioids), to alleviate pain and to help manage mental health problems.[3,4,11,12,13,14,15,16] (See Why do people use kratom?) NIDA is particularly interested in studying how kratom use may impact opioid use, which continues to drive the drug overdose epidemic in the United States.

People typically use kratom by swallowing raw plant matter in capsule or powder form, mixing kratom powder into food or drinks, brewing the leaves as a tea, or taking liquid kratom extract.[1] People who use kratom report both stimulant-like effects (increased energy, alertness and rapid heart rate) and effects that are similar to opioids and sedatives (relaxation, pain relief and confusion).[10,17] Studies and case reports have also indicated rare adverse effects may be associated with kratom or individual kratom compounds.[1,9] (See How does kratom affect the body?; Is kratom safe?)

Anthropologists report that kratom has been used in Southeast Asia for hundreds of years as a multi-purpose remedy in traditional medicine, to increase alertness and energy while working and during social gatherings.[18] While estimates of the scope of kratom use in the United States vary,[19] the expansion of kratom vendors and increasing case reports suggest kratom use has become more common over the past two decades.[20]

How does kratom affect the body?

Researchers are still learning how kratom and kratom compounds affect the body, as well as how short- and long-term kratom use may impact health. While evidence is quickly evolving, early studies have revealed important information about how the drug works.

- **Effects may vary widely.** Like all drugs, kratom's effects may depend on the amount taken, potency (concentration and strength), formulation of the product, the way it is ingested, other drugs in a person's system, a person's underlying medical conditions, and a person's previous experience with the substance, among other factors.[3, 4, 17] Importantly, kratom products vary, so effects are difficult to predict. Some kratom products have been found to contain contaminants that produce effects not associated with kratom or kratom compounds alone.[6, 7, 21] Learn more: Is kratom safe?

- **Kratom produces opioid- and stimulant-like effects.** People who use kratom report both stimulant-like effects (increased energy, alertness and rapid heart rate) and effects that are similar to opioids and sedatives (relaxation, pain relief and confusion). While many people who use kratom report that smaller doses of kratom produce stimulant-like effects and larger doses produce opioid- or sedative-like effects,[4] studies have not yet established that these effects depend on the amount or method of kratom consumed.[10, 17]

- **Mitragynine, 7-hydroxymitragynine, and other kratom compounds drive these effects.** The effect of kratom products can vary depending on the concentration and combination of specific kratom compounds within the product. While kratom leaves contain many chemical compounds that may influence the human body, the most well-studied is mitragynine. When ingested, mitragynine breaks down into another chemical called 7-hydroxymitragynine, which also influences the body and is an important subject of research.[22] Learn more: How do kratom compounds work in the brain?

- **Adverse effects range from mild to severe.** Some people who use kratom have reported mild side effects, such as nausea, constipation, dizziness and drowsiness.[3, 4] In case reports, clinicians report seeing patients with a wide range of rare but serious adverse effects associated with kratom exposure—including mental and neurological symptoms (confusion, tremors and seizures), heart and lung problems (high blood pressure and slow breathing), gastrointestinal problems (nausea and vomiting) and liver problems.[1, 23] A very small number of deaths have been linked to kratom products, and nearly all cases involved other drugs or contaminants.[1, 6, 7, 8, 21, 24] (See Is kratom safe?)

- **Drug interactions may influence effects.** Studies suggest many people who use kratom also use other drugs and have conditions for which medications are often prescribed.[3, 4, 17] Case reports suggest using kratom in combination with other drugs (sometimes called polysubstance use) may produce severe adverse effects, such as liver problems or even death.[25] More research is needed to better understand the impact of using kratom in combination with other substances. (See Is kratom safe?)

- **Long-term health effects are not well understood.** Because kratom research is relatively new compared to more widely used drugs, there is little evidence to determine how kratom use may affect someone over time. Case reports do show regular, long-term, kratom use in large amounts may be associated with serious liver problems. These cases appear to occur unpredictably in a small minority of people who use kratom, and it is unclear what role other substances and underlying health conditions may play.[9, 26] (See Is kratom safe?) Researchers are also still learning how often and to what extent people who use kratom experience withdrawal or substance use disorder symptoms related to kratom use. Learn more: Is kratom addictive? Do people experience kratom withdrawal?

- **Research on potential therapeutic effects of kratom is ongoing.** Researchers have not proven kratom to be safe or effective for any medical purpose, though kratom has been used in traditional medicine.[18] Many people who use kratom products report doing so to self-treat pain, anxiety, depression, fatigue, and drug cravings and withdrawal symptoms (especially related to opioid use).[1, 3] NIDA supports and conducts research on therapeutic uses of kratom and related compounds. Learn more: Could kratom be used as medicine?

How do kratom compounds work in the brain?

Kratom leaves contain many chemical compounds (known as bioactive alkaloids) that influence the body. The most well-studied kratom-related compounds are mitragynine and 7-hydroxymitragynine. Mitragynine is found in kratom leaves and breaks down into 7-hydroxymitragynine in the body when digested.[22, 27] Both activate mu-opioid receptors (specific molecular structures on the surface of nerve cells), but the resulting effects only partially compare to those of opioids like heroin or oxycodone.[28]

Some research suggests that mitragynine and 7-hydroxymitragynine may not cause some of the more serious adverse effects associated with opioid use—such as respiratory depression (trouble breathing)—that can occur during a life-threatening opioid overdose.[29] Scientists also have observed that mitragynine may bind to adrenergic receptors, serotonin receptors and dopamine receptors, which may be responsible for some of the arousing effects some people who use kratom report experiencing.[1, 30, 31]



Credit: NIDA

2D chemical structures of kratom compounds mitragynine (top) and 7-hydroxymitragynine (bottom).

Better understanding where and how kratom compounds work in the brain is an active area of NIDA-funded research. This basic research plays an important role in identifying kratom's health effects and potential therapeutic uses. Learn more: How is NIDA advancing research on kratom?

How is NIDA advancing research on kratom?

Scientific research on kratom is relatively new compared to research on more widely used drugs. Much is still unknown about chemical compounds related to kratom, the short- and long-term health and safety impacts of kratom use and kratom's potential therapeutic uses. In response to reports of increases in kratom exposures in the United States[6] and emerging questions about kratom and its health effects, NIDA is supporting research on kratom's use, effects, mechanisms and therapeutic potential.

To help inform kratom policy and health decision-making around kratom use, NIDA conducts and supports research on how kratom compounds work in the brain, as well as research on kratom use patterns, health effects, therapeutic uses and drug interactions. Because many people who use kratom also report using or previously using opioids and experiencing opioid use disorder,[2, 3] NIDA is particularly interested in studying how kratom use may impact opioid use, which has driven the drug overdose epidemic in the United States. Early studies have found that some people report using kratom to ease craving and withdrawal symptoms associated with other substances, including opioids and stimulants.[5, 11, 13, 14, 15, 16]

NIDA and the NIH HEAL (Helping to End Addiction Long-term℠) Initiative are supporting several studies evaluating kratom and related compounds as potential treatments for chronic pain and for opioid withdrawal and opioid use disorder. One of these projects (also supported by the National Center for Advancing Translational Sciences and National Institute of Neurological Disorders and Stroke) includes efforts to help develop new medications, including kratom-derived products, as potential treatments for opioid use disorder.

NIDA also supports preclinical research to better understand how multiple kratom compounds produce complex pharmacological and behavioral effects, to evaluate kratom as a potential therapy for opioid use disorder and to investigate the chemistry and biology of kratom-derived compounds for their use as therapeutic drugs and as research tools. (See Could kratom be used as medicine?)

See more NIDA-funded projects related to kratom, and learn more about clinical trials involving kratom.

What is the scope of kratom use in the United States?

Among people aged 12 or older in 2020, an estimated 0.8% (or 2,101,000) reported using kratom in the past 12 months.*

Source: 2020 National Survey on Drug Use and Health

*Estimates of how many people regularly use kratom vary.[19]

Why do people use kratom?

NIDA conducts and supports research to better understand the diverse reasons people use kratom.[3] Kratom has been used in its native Southeast Asia for centuries to produce opioid- and stimulant-like effects, including increased energy and relaxation.[18] (See How does kratom affect the body?)

In recent years, studies suggest people across the globe use kratom for these and many other reasons.[1, 3, 4] Researchers have found that people report using kratom to alleviate pain, to address symptoms of mental health conditions like anxiety and depression, to help stop or reduce opioid or other substance use and to manage withdrawal symptoms and cravings related to opioids and other drugs. Most report multiple reasons for using kratom.[3, 11, 32]

While research is underway to explore possible therapeutic benefits (see Could kratom be used as medicine?), kratom products have not been demonstrated to be safe and effective for any medical condition. Of note, safe and effective medications are approved to help control withdrawal symptoms and cravings associated with opioid use disorder, as well as other substance use disorders. Learn more about pain treatment from the NIH Pain Consortium and about mental health treatment from the National Institute of Mental Health.

Is kratom safe?

U.S. and international agencies have expressed concern that kratom products may cause serious harm.[1] There are no uses for kratom approved by the U.S. Food and Drug Administration (FDA), and the FDA has warned consumers not to use kratom products because of potential adverse effects.

The FDA, the U.S. Centers for Disease Control and Prevention and NIDA support and conduct research to measure and better understand the short- and long-term safety risks of kratom use and inform policy around kratom regulation.

Currently, several safety issues related to kratom have been identified:

- **Kratom products may contain harmful contaminants.** There are no uses for kratom approved by the FDA, and kratom products have been found to contain contaminants that produce effects not associated with kratom or kratom compounds alone, including heavy metals and harmful bacteria.[1, 6, 7, 8, 21] Of note, researchers and regulators have found similar instances of contamination in many other products marketed as herbal supplements.[33, 34] Read more about supplement regulation from the FDA.

- **Adverse effects range from mild to severe.** Some people who use kratom have reported mild side effects, such as nausea, constipation, dizziness and drowsiness.[3, 4] In case reports, clinicians report seeing patients with a wide range of very rare but serious adverse effects associated with kratom exposure—including mental and neurological symptoms (confusion, tremors and seizures), heart and lung problems (high blood pressure and slow breathing), gastrointestinal problems (nausea and vomiting) and liver problems.[1, 23] Researchers continue to study potential adverse effects in humans, animal models and cells, including possible damage to the cardiovascular system.[10, 23, 35] (See How does kratom affect the body?)

- **A very small number of deaths have been linked to kratom products compared to deaths from other drugs.**[1, 6, 7, 8, 24] While more research is needed, it appears that fatal overdose from kratom use alone is extremely rare. A 2019 report found that 11 deaths between 2011 and 2017 in the United States were associated with kratom exposure, including two deaths associated with kratom exposure alone.[6] In contrast, during that same period, more than 200,000 people died from opioid-related overdose.[36]

- **Drug interactions may influence effects.** Studies suggest many people who use kratom also use other drugs and have conditions for which medications are often prescribed,[3, 4, 17] and case reports suggest polysubstance use (the use of multiple drugs) involving kratom has been associated with severe adverse effects, such as death and liver problems.[25] More research is needed in this area to assess the safety of using kratom in combination with other substances.

- **Long-term health and safety effects are not well understood.** Because kratom research is relatively new compared to research on more widely used drugs, there is little evidence to determine how kratom use may affect someone over time. Case reports do show regular, long-term, kratom use in large amounts may be associated with serious liver problems. These cases appear to occur unpredictably in a small minority of people who use kratom, and it is unclear what role other substances and underlying health conditions may play.[9, 26]

- **Effects on pregnancy are not well understood.** Very little research is available on kratom use before, during and after pregnancy, but there have been reports of opioid-like neonatal abstinence syndrome in infants born to women who regularly use kratom.[37] Learn more: How does kratom use affect pregnancy?

- **Safety effects of intoxication are not well understood.** The impact of kratom intoxication (taking enough to be impaired) on driving, operating heavy machinery, or performing other tasks that could be dangerous if impaired has not been extensively studied.[9, 38, 39]

Learn more about kratom and safety from the FDA.

How does kratom use affect pregnancy?

Very little research is available on kratom use before, during and after pregnancy. A 2021 report suggests that many cases of kratom use during pregnancy likely also involve the use of other substances, and the effects of kratom alone on pregnancy are difficult to determine without further research. The same report identified at least five cases of opioid-like neonatal abstinence syndrome in infants born to women who regularly used kratom but not opioids. The infants in these cases all responded well to standard treatments given to infants experiencing neonatal abstinence syndrome related to opioids.[39]

Is kratom addictive? Do people experience kratom withdrawal?

NIDA conducts and supports research to better understand how often and to what extent people who use kratom experience withdrawal and substance use disorder symptoms related to kratom use.

To be diagnosed with a substance use disorder, a person must meet specific diagnostic criteria for continued, compulsive substance use despite negative consequences. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5)—a reference text published by the American Psychiatric Association that health professionals use to diagnose substance use disorders and other psychiatric disorders—does not include a specific diagnosis related to kratom use.[40] However, some researchers studying kratom have modified criteria to study kratom use patterns and symptoms that resemble other substance use disorders.[3]

Studies suggest people may experience mild to moderate withdrawal symptoms when they stop regular kratom use,[41, 42] but more research is needed to understand to what extent people develop substance use disorder symptoms related to kratom.[1, 3, 9]

Preliminary data from anonymous surveys of people who use kratom suggest a minority of people report experiencing kratom-related withdrawal symptoms and a smaller minority report experiencing substance use disorder symptoms related to kratom use.[3]

Some experts are concerned about kratom's addictive potential because the main kratom compounds, mitragynine and 7-hydroxymitragynine, partially activate the same receptors (specific molecular structures on the surface of nerve cells) in the brain on which drugs with known addictive properties act. However, researchers have observed that the way kratom compounds activate these receptors may reduce the potential for addiction relative to opioids.[28, 29, 30, 31] Further, studies in animal models indicate that the addictive potential of mitragynine and 7-hydroxymitragynine may differ from one another.[43] Further research is needed to better understand how various compounds related to kratom interact to influence the risk of withdrawal and addiction. (See How do kratom compounds work in the brain?)

How are withdrawal and substance use disorder symptoms related to kratom use treated?

While withdrawal and substance use disorder symptoms related to kratom use have not been extensively studied, some people who use kratom report experiencing them.[1, 3, 9] (See Is kratom addictive? Do people experience kratom withdrawal?) There are currently no approved medical therapies for these conditions. In very limited cases, some researchers have reported using medications[44, 45, 46] and other therapies[47] to address withdrawal and substance use disorder symptoms related to kratom use[41] in humans and animal models—though robust clinical trials are still needed to evaluate these and other experimental treatment options.

See more information on seeking substance use treatment and other medical attention.

Could kratom be used as medicine?

NIDA and other institutes at NIH support and conduct research to evaluate potential medicinal uses for kratom and kratom compounds. While kratom has not been proven safe or effective for any medical purpose, kratom has been used in traditional medicine in some countries,[1, 18] and many people who use kratom report doing so to self-medicate for pain, anxiety, depression, substance use disorders and substance withdrawal.[1, 3, 11] Studies in animal models suggest kratom and related compounds potentially have other therapeutic properties, such as antidepressant and pain-relieving properties, that may warrant further study.[1, 48]

Of particular interest to NIDA, early studies suggest kratom and kratom compounds warrant further study as experimental treatments for substance use disorders, specifically opioid use disorder.[9, 48] Such treatments are urgently needed to help curb the drug overdose epidemic in the United States. NIDA and its partners conduct and support research evaluating kratom and related compounds as potential treatments for chronic pain and for opioid withdrawal and opioid use disorder. Learn more: How is NIDA advancing research on kratom?

Is kratom legal?

While kratom use or sale has been banned or restricted in several countries,[9] kratom products are currently legal and accessible online[49] and in stores in many areas of the United States. The U.S. Drug Enforcement Administration (DEA) has listed kratom as a "drug of concern," though kratom and kratom compounds are not listed on the U.S. schedule of controlled substances.

In 2021, the World Health Organization's (WHO) Expert Committee on Drug Dependence (EDCC) examined the evidence on kratom's health effects and concluded that there is insufficient evidence of adverse effects that would warrant additional critical review or inclusion in the United Nations list of internationally controlled substances. (See the full WHO ECDD report on kratom.) Kratom remains on the list of substances under surveillance by the WHO ECDD.

Learn more about kratom and its legal status in the United States from the Drug Enforcement Administration (DEA).

Find More Resources on Kratom

- Learn more about kratom regulation and safety from the U.S. Food and Drug Administration (FDA).
- Learn more about kratom and its legal status from the Drug Enforcement Administration (DEA).
- Learn more about kratom products marketed as herbal supplements from the National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH).

References

Import Alert 54-15

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/CMS_IA/IMPORTALERT_1137.HTML),
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=IMPORT ALERT 54-15&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/CMS_IA/IMPORTALERT_1137.HTML),
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/CMS_IA/IMPORTALERT_1137.HTML&TITLE=IMPORT ALERT 54-15&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/CMS_IA/IMPORTALERT_1137.HTML&DESCRIPTION=IMPORT ALERT 54-15),
EMAIL (MAILTO:?SUBJECT=IMPORT ALERT 54-15&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/CMS_IA/IMPORTALERT_1137.HTML),
PRINT

(Note: This import alert represents the Agency's current guidance to FDA field personnel regarding the manufacturer(s) and/or products(s) at issue. It does not create or confer any rights for or on any person, and does not operate to bind FDA or the public).
Import Alert # 54-15
Published Date: 04/08/2021
Type: DWPE

Import Alert Name:

DETENTION WITHOUT PHYSICAL EXAMINATION OF DIETARY SUPPLEMENTS AND BULK DIETARY INGREDIENTS THAT ARE OR CONTAIN MITRAGYNA SPECIOSA OR KRATOM

Reason for Alert:

FDA has seen an increase in the number of shipments of dietary supplements and bulk dietary ingredients that are, or contain kratom, also known as Mitragyna speciosa, mitragynine extract, biak-biak, cratom, gratom, ithang, kakuam, katawn, kedemba, ketum, krathom, krton, mambog, madat, Maeng da leaf, nauclea, Nauclea speciosa, or thang. These shipments of kratom have come in a variety of forms, including capsules, whole leaves, processed leaves, leaf resins, leaf extracts, powdered leaves, and bulk liquids made of leaf extracts. Importers' websites have sometimes contained information about how their products are used.

Kratom is a botanical that qualifies as a dietary ingredient under section 201(ff)(1) of the Federal Food, Drug, and Cosmetic Act (the Act) [21 U.S.C. 321(ff)(1)]. When marketed as a dietary ingredient, FDA also considers kratom to be a new dietary ingredient under section 413(d) of the Act [21 U.S.C. 350b(d)] because, to the best of the agency's knowledge, there is no information demonstrating that this substance was marketed as a dietary ingredient in the United States before October 15, 1994.

Furthermore, based on FDA's review of the publicly available information regarding kratom, there does not appear to be a history of use or other evidence of safety establishing that kratom will reasonably be expected to be safe as a dietary ingredient. In fact, the scientific literature disclosed serious concerns regarding the toxicity of kratom in multiple organ systems. Consumption of kratom can lead to a number of health impacts, including respiratory depression, nervousness, agitation, aggression, sleeplessness, hallucinations, delusions, tremors, loss of libido, constipation, skin hyperpigmentation, nausea, vomiting, and severe withdrawal signs and symptoms. In the absence of a history of use or other evidence of safety establishing that kratom will reasonably be expected to be safe as a dietary ingredient, kratom and kratom-containing dietary supplements and bulk dietary ingredients are adulterated under section 402(f)(1)(B) of the Act [21 U.S.C. 342(f)(1)(B)], because they contain a new dietary ingredient for which there is inadequate information to provide reasonable assurance that such ingredient does not present a significant or unreasonable risk of illness or injury.

Guidance:

Districts may detain, without physical examination, the specified products from the firms identified in the RED LIST of this alert. The specified dietary supplements and bulk dietary ingredients from the firms listed on the RED LIST of this Import Alert have been found to contain kratom.

When detained products appear to be dietary supplements or bulk dietary ingredients as discussed in this alert and are not currently listed on the RED LIST of this alert, Districts should forward appropriate evidence/documentation as a "Center Review Detention" case via CMS to CFSAN/OC/DE/LDSCT team. Based on the Center's evaluation, a CMS case for addition to the RED LIST of this alert may be forwarded to DIO/IOMB team by the District's Compliance Branch.

Districts should be on alert to the possibility that the labeling, marketing, and/or promotion of kratom and kratom-containing products may indicate that such products appear to be unapproved and/or misbranded drugs. For such products, Import Alert 66-41 may be applicable.

For questions or issues involving import operations, contact DIO's Import Operations and Maintenance Branch at (301) 796-0356.

For questions or issues involving OASIS or PREDICT screening, contact DCS's Import Compliance Systems Branch at ORAOISMDSSIMPCOMPLSYSBR@fda.hhs.gov

For questions or issues concerning preparation of samples for analysis or analytical methodology, contact ORA's Office of Regulatory Science at 301-796-6600.

For questions on policy, sample collection recommendations, or other any addition questions, contact CFSAN/Division of Enforcement's Labeling and Dietary Supplement Compliance Team (HFS-608) at CFSANEnforcement@fda.hhs.gov

Product Description:

Kratom (aka Mitragyna speciosa, mitragynine extract, biak-biak, cratom, gratom, ithang, kakuam, katawn, kedemba, ketum, krathom, krton, mambog, madat, Maeng da leaf, nauclea, Nauclea speciosa, or thang)

Charge:

"The article is subject to refusal of admission pursuant to section 801(a)(3) in that it appears to be a dietary supplement or contains a dietary ingredient that is a new dietary ingredient for which there is inadequate information to provide reasonable assurance that such ingredient does not present a significant or unreasonable risk of illness or injury. [Adulteration, Section 402(f)(1)(B)]."

OASIS Charge Code: UNSFDIETSP

List of firms and their products subject to Detention without Physical Examination (DWPE) under this Import Alert (a.k.a. Red List)

CANADA

0904649 BC LTD — **Date Published : 02/28/2014**
1-950 Old Victoria Rd , Nanaimo , British Columbia CANADA
53 - - - -- Cosmetics — Date Published: 02/28/2014
Desc: Research Herbs
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) — Date Published: 02/28/2014
Desc: Research Herbs

Andreas Mandai — **Date Published : 02/12/2015**
4390 Grange Street , Burnaby, British Columbia CANADA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 02/12/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016

Kathina T — **Date Published : 02/28/2014**
499 Granville St #28141 , Vancouver, British Columbia CANADA
53 - - - -- Cosmetics — Date Published: 02/28/2014
Desc: Brown Incense Product Base
53 - - - -- Cosmetics — Date Published: 02/28/2014
Desc: Dry Incense
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) — Date Published: 02/28/2014
Desc: Dry Incense
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) — Date Published: 02/28/2014
Desc: Brown Incense Product Base

Malaspina Gift — **Date Published : 02/28/2014**
950 Old Victoria# 1 , Nanaimonanaimo, BRITISH COLUMBIA CANADA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Spiritual Herbs (All Natural Blend Capsules)
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Spiritual Herb Green Goddess
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Spiritual Herb Intense Euphoric
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Spiritual Herb Revved UP

Three Ocean Export — **Date Published : 02/28/2014**
1494 Sowden Street , North Vancouver, BC CANADA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Mitragyna Speciosa Dried Leaf

INDONESIA

Aguslie Sh — **Date Published : 02/28/2014**
Jln. Titipapan , Medan, Sumatera Utara INDONESIA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 02/28/2014
Desc: Mitragyna Speciosa; Powder

Aswin — **Date Published : 11/03/2014**
Kara Sosial No 3 , Pontianak, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 11/03/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016

Batuah Maan Cv — **Date Published : 07/15/2015**
Jln. M. Saad Ain 09 , Pontianak, Kalimantan Barat INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. — Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: (Shipper: per shipment docs)
54 E - - 99 Herbals & Botanical Teas, N.E.C. — Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: (Shipper: per shipment docs
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016

54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Bikhuk **Date Published : 02/28/2014**
Ptb Duren Sawit Bi No 10-- , Jakartajakarta, INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Speciosa

Bintang Dua **Date Published : 02/28/2014**
Jl. Purnama No. 141 , Pontianak, Kalimantan Barat INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Javnica
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Javnica

Borneo Khatulistiwa Cv **Date Published : 02/28/2014**
Jl Karna Sosial Komp Asuransi 1 , Pontianak, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Kratom - Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Broerry Soetarno **Date Published : 02/28/2014**
Ponkianak , Kal Bar, INDONESIA
54 A - - 99 Vitamin, N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa (kratom)
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa (kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

C.V. BALI HERBAL **Date Published : 02/28/2014**
JALAN GUNUNG TALANG VIII No.1 , PADANG SAMBIAN , Denpasar, Bali INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Speciosa

CV. PRASADA BALI UTAMA **Date Published : 06/16/2014**
Jln. Tukad Balian , Denpasar, Bali INDONESIA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 06/16/2014
Desc: Dried Mitragyna Speciosa

Cv Fabulift Borneo Mitra **Date Published : 10/05/2015**
Blok C , Jln. Karya; KOMPLEK KARYA INDAH III , Pontianak, Kalimantan Barat INDONESIA
31 K - - 02 Tea, Green Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material
53 J - - 01 Bath Soaps and Detergents (not Antiperspirant) (Personal Cleanliness) Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
66 B - - 99 Stimulant N.E.C. Date Published: 10/05/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Product declared as raw soap material

Cv Leafsync **Date Published : 07/15/2015**
Jl Karya No 04 Sungai Kakap Kubu Raya , Kalmantan Barat, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: (Manufacturer)
54 E - - 99 Herbals & Botanical Teas, N.E.C. Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: (Manufacturer)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Cv. Putra Bali Agung **Date Published : 02/28/2014**
Jl. Bypass Ngurah Rai No. 18 , Denpasar-Bali, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Herbal Kratom Leaf (Dried)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Davine Botanical **Date Published : 10/07/2015**
Jalan Husein Hanuzah 6g 6unung , Pontianak, INDONESIA

53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: laims to ingestion associated with all parties in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.

Deni I **Date Published : 02/28/2014**
Perumahan BDB III Blok KL No 35 , Cibinong, West Java, INDONESIA
53 E - - 99 Other Hair Preparations, Non-coloring), N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Acacia Mangium and Green Riau
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Acacia Mangium and Green Riau

Dr. Mahdiri Bersama **Date Published : 02/28/2014**
Pontianak , Kalbar, INDONESIA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa Extract

Enggang Borneo **Date Published : 07/16/2015**
JL DR WAHION , Sepakat 8 No. 23 , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 07/16/2015
Desc: Mitragyna Speciosa Tea (Kratom)
54 E - - 99 Herbals & Botanical Teas, N.E.C. Date Published: 07/16/2015
Desc: Mitragyna Speciosa Tea (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
66 B - - 99 Stimulant N.E.C. Date Published: 07/16/2015
Desc: Mitragyna Speciosa Tea (Kratom)

Erlan Setiawan **Date Published : 02/28/2014**
Pang Semanggi No. 28 , Pontianak, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Kratom (Mitragyna Speciosa)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Faisal Putra Perdana **Date Published : 02/28/2014**
Jl Karra Sosial Konack Asuransi No 1 , Pontiak, INDONESIA
24 T - - 99 Leaf & Stem Vegetables, N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 F - - 95 Banaba (Herbal & Botanicals, not Teas) Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Hendra R **Date Published : 10/29/2014**
Jln. H AM. Suwignyo 14 , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/29/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

M. Ridho Rizki Maulufi Alk **Date Published : 10/14/2015**
11 Jalan Tabrani Achmad Kimplex Gbk D , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.

M. Ridho Rizki Maulufi Alk **Date Published : 10/14/2015**
11 Jalan Tabrani Achmad Kimplex Gbk D , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/14/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.

Mahmudi SE **Date Published : 11/07/2014**
Jl. Dr. Sutomo No. 1. A , Pontianak, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 11/07/2014
Desc: Mitragyna Speciosa declared as Mitragyna Javinica
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Mardianto **Date Published : 10/07/2015**
Jl Sei Raya Dalam Komp Kartika , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material. ;
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material. ;

Marjan Putra **Date Published : 10/13/2015**
Jalan Husein Hamzah , Gg. Gunung Rinjani , Pontianak, Kalimantan Barat INDONESIA
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa

Mhd Syamsu Bahri **Date Published : 11/03/2014**
Jln Re Martadinata 136 , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 11/03/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Mke **Date Published : 02/28/2014**
Vila Melati Mas M-12 No. 15serpong , Serpong, Jabotabek INDONESIA
41 Y - - 99 Dietary Conventional Foods, N.E.C. Date Published: 02/28/2014
Desc: Naulcea Speciosa Powder
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Mulyadi Pasaribu **Date Published : 02/28/2014**
Jl Kenanga Raya Gg , Medan, INDONESIA
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
66 V - - 99 Miscellaneous Patent Medicines, Etc. Date Published: 02/28/2014
Desc: Mitragyna Speciosa

Mumung Mulharyana **Date Published : 02/28/2014**
JL Berkat Usaha Rt 001 009 , Pontianak, INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Speciosa Extract
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Speciosa Extract

Musmuriadi **Date Published : 09/04/2015**
Desa Tri Kembang Kec. Galing , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.

Nusi Wandri **Date Published : 10/07/2015**
Gg Waru I No 44 , Pontianak, INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material. ;
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016

54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. Entry was declared as; Botanical Specimens; not intended for sale as food or supplement; raw incense material. ;

PT Ambat Trading **Date Published : 02/28/2014**
JL Kramat Raya 5A , Jakarta, Pusat, INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna

PT INDIGO PRIMA **Date Published : 09/04/2015**
JL. Danau Sunter Selatan Blok E , Kav No. 5 Kelurahan Sunter Jaya , JAKARTA, INDONESIA
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 09/04/2015
Desc: Raw Incense Material (Javanica Speciosa Dried leaves powder)
54 E - - 99 Herbals & Botanical Teas, N.E.C. Date Published: 09/04/2015
Desc: Raw Incense Material (Javanica Speciosa Dried leaves powder)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

PT. Citra Nuansa Buana **Date Published : 02/28/2014**
Jl. Soekarno Hatta 761 Lt1 No. 5 , Bandung, Jawa Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Kratom
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

PT.PANCA LAKSINDO EXPRESS **Date Published : 02/28/2014**
Jln. Kalibata Utara II 26 , Jakarta, Jabotabek INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Speciosa (Kratom)

Perwanto **Date Published : 09/04/2015**
Jln. Purnama 14 , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry

Perwanto **Date Published : 09/04/2015**
No. 7 Jln. Purnama , AGUNG , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.

Priyanti **Date Published : 02/28/2014**
Jl. Tunjung Biru 12 , Bogor , West Java, INDONESIA
53 - - - -- Cosmetics Date Published: 02/28/2014
Desc: Dried Kedemba Leaves
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Dried Kedemba Leaves

Pt Badar Jaya Sakti **Date Published : 08/13/2015**
Rt 01 , No 156 Jln. Setia Raya; AREN , Tangerang, Jabotabek INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 08/13/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 08/13/2015
Desc: Mitragyna Speciosa (Kratom)

Pt Buana Adhu Gemilang **Date Published : 09/04/2015**
Agung 7 E , 14 Jln. Purnama , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.

Pt Rifa Agung **Date Published : 07/15/2015**
09 Jln. Mat Saimin , Pontianak, Kalimantan Barat INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)

Notes: (Shipper: per invoice)
54 E - - 99 Herbals & Botanical Teas, N.E.C. Date Published: 07/15/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: (Shipper: per invoice)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Pt Rifa Agung **Date Published : 07/22/2015**
No 86 Jln Nur Huda , Pontianak Kalbar, INDONESIA
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 07/22/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Rere Adrea Novattra **Date Published : 09/23/2015**
Jln. Purnama 3 , Pontianak, Kalimantan Barat INDONESIA
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 09/23/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims on behalf of importers facebook and twitter reference ingestion. Entry was declared as "Premium Face & Body Mood Bar," label declares: "May contain Kratom, Kava or Kana.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/23/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims on behalf of importers facebook and twitter reference ingestion. Entry was declared as Premium Face & Body Mood Bar; label declares; May contain Kratom; Kava or Kana.

Rudi Hartona **Date Published : 10/07/2015**
Jln. Tanjung Harapan , Pontianak, Kalimantan Barat INDONESIA
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry

Tan Alaindo Mantina **Date Published : 10/06/2015**
Jln. Dr Sutomo , Pontianak, Kalimantan Barat INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. ;
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry. ;
66 B - - 99 Stimulant N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated with all parties in the entry.

Teguh Ap **Date Published : 02/28/2014**
Jl Kom Yas Sudarso 99 Sambas No 1 , Pontianak, INDONESIA
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 02/28/2014
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Zulfikar **Date Published : 02/28/2014**
JL J Rading Arahman No 4 , Pontianak, INDONESIA
53 - - - - Cosmetics Date Published: 02/28/2014
Desc: Mitragyna Speciosa Extract
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - - Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Mitragyna Speciosa Extract

MALAYSIA

Jaymen Mack Enterprise **Date Published : 02/28/2014**
Tmn , 1009 Lorong Kantan 2 , Bukit Mertajam, Pulau Pinang MALAYSIA
53 - - - - Cosmetics Date Published: 02/28/2014
Desc: Uncaria Gembier
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - - Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Uncaria Gembier

Wisdom Herbs Enterprise **Date Published : 02/28/2014**
72 Jalan Gottlieb , Pulau Pinang, Pulau Pinang MALAYSIA
53 - - - - Cosmetics Date Published: 02/28/2014
Desc: Uncaria Gembier
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 - - - - Vit/Min/Prot/Unconv Diet(Human/Animal) Date Published: 02/28/2014
Desc: Uncaria Gembier

Wisdom Herbs Enterprise **Date Published : 02/28/2014**

Jalan Siput Remis 69l , Pulau Pinang, Pulau Pinang MALAYSIA
53 - - - -- Cosmetics — Date Published: 02/28/2014
Desc: Uncaria Gembier
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 - - - -- Vit/Min/Prot/Unconv Diet(Human/Animal) — Date Published: 02/28/2014
Desc: Uncaria Gembier

PHILIPPINES

Akita Herbal Products — **Date Published : 12/19/2016**
25-23 New York Street , Pampanga, Central Luzon PHILIPPINES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 12/19/2016
Desc: SERENOA 330-350mg capsules (Food Supplements)
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 12/19/2016
Desc: SERENOA 330-350mg capsules (Food Supplements)

UNITED STATES

Atofil LLC — **Date Published : 09/23/2015**
1685 Target Ct Ste 9 , Fort Myers, FL 33905-4926 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 09/23/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Internet claims to ingestion on behalf of all firms in the entry.

Cantafio, John — **Date Published : 07/08/2016**
1032 N Du Page Ave , Lombard, IL 60148-1245 UNITED STATES
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. — Date Published: 07/08/2016
Desc: Herbs & Botanical (Kratom)
Notes: Claims to ingestion associated only with importer in the entry. ;
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 07/08/2016
Desc: Herbs & Botanical (Kratom)
Notes: Claims to ingestion associated only with importer in the entry. ;
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 07/08/2016
Desc: Herbs & Botanical (Kratom)
Notes: Claims to ingestion associated only with importer in the entry.

Christopher Mercer — **Date Published : 10/09/2015**
5601 State Highway 180 Apt 802 , Gulf Shores, AL 36542-8344 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. — Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry

Cody Pederson — **Date Published : 06/09/2015**
6077 113th St Apt 612 , Seminole, FL 33772-6847 UNITED STATES
41 Y - - 99 Dietary Conventional Foods, N.E.C. — Date Published: 06/09/2015
Desc: Mitragyna Speciosa (Kratom)
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 06/09/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016

Collins, Chris — **Date Published : 08/18/2015**
198 Collins Rd , Carthage, NC 28327-7804 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 08/18/2015
Desc: Mitragyna speciosa (Kratom)

Derian, David — **Date Published : 05/26/2016**
3420 Pump Rd # 207 , Richmond, VA 23233-1111 UNITED STATES
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. — Date Published: 05/26/2016
Desc: Herbs and Botanical Powder (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 05/26/2016
Desc: Herbs and Botanical Powder (Kratom)
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 05/26/2016
Desc: Herbs and Botanical Powder (Kratom)

Divinity Product Distribution LLC — **Date Published : 10/09/2015**
1119 Nw Valley Ridge Dr , Grain Valley, MO 64029-9094 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. — Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. — Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) — Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) — Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. — Date Published: 10/09/2015

Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.

Drd Global Inc **Date Published : 07/09/2015**
1413 Highpoint Ave , Richmond, VA 23230-4609 UNITED STATES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 07/09/2015
Desc: Crushed Powder Dry Leaves of Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 07/09/2015
Desc: Crushed Powder Dry Leaves of Mitragyna Speciosa (Kratom)

Earthly Mist **Date Published : 06/09/2015**
5318 S Peoria Ave , Tulsa, OK 74105-6820 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 06/09/2015
Desc: Mitragyna Speciosa (Cosmetic Raw Material for Soaps)
54 E - - 99 Herbals & Botanical Teas, N.E.C. Date Published: 06/09/2015
Desc: Mitragyna Speciosa (Cosmetic Raw Material for Soaps)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Fishman Chemical of North Carolina, LLC **Date Published : 06/09/2016**
624 Old Dixie Hwy , Vero Beach, FL 32962 UNITED STATES
53 L - - 03 Face,Body,and Hand (excluding Shaving Preparations) (Skin Care Preparations) Date Published: 06/09/2016
Desc: Patchouli Powder
Notes: Claims to ingestion associated only with importer in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 06/09/2016
Desc: Patchouli Powder
Notes: Claims to ingestion associated only with importer in the entry
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 06/09/2016
Desc: Patchouli Powder
Notes: Claims to ingestion associated only with importer in the entry

Fjc Tea & Spice Company **Date Published : 12/09/2015**
1032 N Du Page Ave , Lombard, IL 60148-1245 UNITED STATES
24 U - - 99 Leaf & Stem Vegetables, Dried or Paste, N.E.C. Date Published: 12/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 12/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 12/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry

Galimidi, Yossi **Date Published : 07/25/2016**
115 W 15th St , Lake Charles, LA 70601-0710 UNITED STATES
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 07/25/2016
Desc: Mitragyna Speciosa
Notes: Claims to ingestion associated only with importer in the entry.
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 07/25/2016
Desc: Pogostemon Patchouli Powder for Raw Material for Incense
Notes: Claims to ingestion associated only with importer in the entry. ;
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 07/25/2016
Desc: Mitragyna Speciosa
Notes: Claims to ingestion associated only with importer in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 07/25/2016
Desc: Pogostemon Patchouli Powder for Raw Material for Incense
Notes: Claims to ingestion associated only with importer in the entry. ;
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 07/25/2016
Desc: Pogostemon Patchouli Powder for Raw Material for Incense
Notes: Claims to ingestion associated only with importer in the entry. ;
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 07/25/2016
Desc: Mitragyna Speciosa
Notes: Claims to ingestion associated only with importer in the entry. ;

Green House Kratom **Date Published : 08/13/2015**
714 S 3rd St , Avondale, AZ 85323-2623 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 08/13/2015
Desc: Mitragyna Speciosa (Kratom Leaf Powder)

Joseph Saporito **Date Published : 12/21/2015**
6525 Ventnor Ave Ste 4 , Ventnor City, NJ 08406-2187 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 12/21/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 12/21/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 12/21/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.

Kan, Brian **Date Published : 10/07/2015**
311 N 72nd Ave , Hollywood, FL 33024-7360 UNITED STATES
53 P - - 02 Collagen (Cosmetic Raw Material) Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015

Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry

Kan, Brian **Date Published : 10/07/2015**
311 N 72nd Ave , Hollywood, FL 33024-7360 UNITED STATES
53 P - - 02 Collagen (Cosmetic Raw Material) Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/07/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry

Keith Poulos **Date Published : 10/09/2015**
6954 George Washington Hwy , Keysville, VA 23947-3837 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/09/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.

Lynn Collins **Date Published : 06/24/2016**
1596 Aiken Rd , Vass, NC 28394-9675 UNITED STATES
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 06/24/2016
Desc: Patchouli Powder (revealed to be Kratom)
Notes: Claims to ingestion associated only with importer in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 06/24/2016
Desc: Patchouli Powder (revealed to be Kratom)
Notes: Claims to ingestion associated only with importer in the entry.
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 06/24/2016
Desc: Patchouli Powder (revealed to be Kratom)
Notes: Claims to ingestion associated only with importer in the entry.

Mana Ent Llc **Date Published : 10/06/2015**
1111 Massachusetts St , Lawrence, KS 66044-3041 UNITED STATES
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 J - - 01 Bath Soaps and Detergents (not Antiperspirant) (Personal Cleanliness) Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
66 B - - 99 Stimulant N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)

Mana Enterprise Llc **Date Published : 10/06/2015**
528 Indiana St , Lawrence, KS 66044-2229 UNITED STATES
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 J - - 01 Bath Soaps and Detergents (not Antiperspirant) (Personal Cleanliness) Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
53 Y - - 99 Other Cosmetic and Cosmetic Products, N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
66 B - - 99 Stimulant N.E.C. Date Published: 10/06/2015
Desc: Mitragyna Speciosa (Kratom)

Mary Castellano **Date Published : 08/17/2015**
84 Woodmill Dr , Rochester, NY 14626-1167 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 08/17/2015
Desc: Mitragyna Speciosa (Kratom)

Mc Alliance Llc **Date Published : 08/17/2015**
84 Woodmill Dr , Rochester, NY 14626-1167 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 08/17/2015
Desc: Mitragyna Speciosa (Kratom)

Mcmahan, Robert **Date Published : 10/09/2015**
857 Dunham St , Daniel Island, SC 29492-7591 UNITED STATES
53 D - - 99 Other Fragrance Preparations, N.E.C. Date Published: 10/09/2015

Desc: Mitragyna Speciosa
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/09/2015
Desc: Mitragyna Speciosa
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/09/2015
Desc: Mitragyna Speciosa

Rocky Mountain Bontanicals, Llc **Date Published : 08/13/2015**
1 N Broadway Ste 205A , Denver, CO 80203-3985 UNITED STATES
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 08/13/2015
Desc: Mitragyna Speciosa (Kratom Powder)

Rodriguez, Julia **Date Published : 09/04/2015**
537 McPherson Dr , Alford, FL 32420-6109 UNITED STATES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion linked to Importer
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Scofield, Keegan **Date Published : 09/04/2015**
536 W Pennsylvania Ave , Deland, FL 32720-3339 UNITED STATES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims on behalf of importer reference ingestion
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

Steven Stott **Date Published : 10/13/2015**
1430 Williamette 468 , Eugene, OR 97401 UNITED STATES
53 P - - 99 Other Cosmetic Raw Materials, N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 95 Banaba (Herbal & Botanicals, not Teas) Date Published: 10/13/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 10/13/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Claims to ingestion associated only with importer/consignee in the entry

Turner, Kevin **Date Published : 09/04/2015**
1893 Atlanta Hwy , Rockmart, GA 30153-4242 UNITED STATES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Entry was declared as Rotundifolia Foliage; laboratory analysis confirmed that the entry is Mitragyna Speciosa. Claims to ingestion associated with importer in the entry.
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016
54 Y - - 99 Vitamin, Mineral, Proteins and Unconventional Dietary Specialities For Humans and Animals, N.E.C. Date Published: 09/04/2015
Desc: Mitragyna Speciosa (Kratom)
Notes: Entry was declared as Rotundifolia Foliage; laboratory analysis confirmed that the entry is Mitragyna Speciosa. Claims to ingestion associated with importer in the entry. ;

Underground Supps Inc **Date Published : 07/08/2015**
2728 S 17th St , Wilmington, NC 28412-6747 UNITED STATES
54 F - - 99 Herbals & Botanicals (not Teas), N.E.C. Date Published: 07/08/2015
Desc: Mitragyna Speciosa (Kratom)
54 J - - 12 Kratom (Herbal and Botanical Teas II, continued) Date Published: 01/22/2016
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 01/22/2016

WILD ORIGINS LLC **Date Published : 04/08/2021**
3308 N Williams Ave , Portland, OR 97227 UNITED STATES
54 K - - 12 Kratom (Herbal and Botanicals, not Teas II) Date Published: 04/08/2021
Desc: Wild Origins Specialty Kratom
Notes: The firm has supplied information showing that the bulk kratom is destined for use in products which contain a statement of identity as a "herbal supplement" and which contain a Supplement Facts panel. Based on this fact, the imported product appears to be a bulk dietary ingredient.



AMERICAN KRATOM ASSOCIATION

OPPOSITION TO THE NEVADA BOARD OF PHARMACY PROPOSAL TO SCHEDULE MITRAGYNINE AND 7-HYDROXYMITRAGYGINE (ALKALOIDS OF THE PLANT KRATOM)

The Abuse Potential of Kratom According to the Eight Factors of the Federal Controlled Substances Act and the Nevada Uniform Controlled Substances Act (NRS 453.146)

Submitted March 29, 2022

OPPOSITION TO THE NEVADA BOARD OF PHARMACY PROPOSAL TO SCHEDULE MITRAGYNINE AND 7-HYDROXYMITRAGYGINE (ALKALOIDS OF THE PLANT KRATOM)

The Abuse Potential of Kratom According to the Eight Factors of the Federal Controlled Substances Act and the Nevada Uniform Controlled Substances Act (NRS 453.146)

Submitted by Mac Haddow
Senior Fellow on Public Policy
American Kratom Association
March 29, 2022

Background:

- The US Food and Drug Administration (FDA) recommended scheduling kratom's alkaloids, mitragynine (MG) and 7-hydroxymitragynine (7-HMG) under the Controlled Substances Act (CSA), in 2016.[1] In an unprecedented action, the Drug Enforcement Administration withdrew that recommendation and requested the FDA provide more scientific information to justify the scheduling request.

- On October 17, 2017, the FDA submitted a second scheduling request for MG and 7-HMG, and that recommendation was, after a full review of the evidence and data supporting that recommendation, withdrawn by the US Department of Health and Human Services (HHS) on August 16, 2018[2] because the evidence and data provided failed to meet the requirements for scheduling. In the withdrawal of the scheduling recommendation from the DEA by HHS Assistant Secretary of Health, Dr. Brett Giroir stated that the "decision is based on many factors, in part on new data, and in part on the relative lack of evidence, combined with an unknown and potentially substantial risk to public health if these chemicals were scheduled at this time." Since Dr. Giroir's withdrawal letter, there have been more than 100 new published research reports that further strengthen the case for kratom not being appropriate for scheduling.

- The World Health Organization (WHO) Expert Committee on Drug Dependence (ECDD) reported on December 1, 2021, they had voted

[1] https://www.federalregister.gov/documents/2016/10/13/2016-24659/withdrawal-of-notice-of-intent-to-temporarily-place-mitragynine-and-7-hydroxymitragynine-into

[2] https://images.go02.informamarkets.com/Web/Informa02/%7b548e6d56-2ea4-4da4-9404-0348b56e9a88%7d_dhillon-8.16.2018-response-letter-from-ash-radm-giroir.pdf

overwhelmingly that there was “insufficient evidence” to justify an international ban on kratom.[3]

- The National Institute on Drug Abuse (NIDA) initially supported the FDA scheduling recommendation, but when the DEA initially withdrew the first scheduling recommendation from the FDA, they commenced their own internal review of the key issues of kratom’s addiction liability, and the claimed deaths caused by kratom. NIDA concurrently funded two independent studies on the addiction liability of kratom’s alkaloids that were published in June and July 2018, and those conclusions directly address why kratom is not scheduled today by the DEA because it does not meet the scheduling criteria in the CSA:

    - Abuse liability and therapeutic potential of the Mitragyna speciosa (kratom) alkaloids mitragynine and 7-hydroxymitragynine, Hemby, et. al., that concluded "present findings indicate that MG does not have abuse potential and reduces morphine intake, desired characteristics of candidate pharmacotherapies for opiate addiction and withdrawal . . . “[4]

    - Abuse liability of mitragynine assessed with a self-administration procedure in rats, Yue, et. al., that concluded “these results suggest a limited abuse liability of mitragynine and potential for mitragynine treatment to specifically reduce opioid abuse. With the current prevalence of opioid abuse and misuse, it appears currently that mitragynine is deserving of more extensive exploration for its development or that of an analog as a medical treatment for opioid abuse.[5]

- In addition to NIDA and HHS rejecting the FDA’s claims about kratom’s safety and addiction profile, the U.S. Congress approved Report Language on kratom in the FY 2022 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill[6] as follows:

    > “Kratom. — The [Appropriations] Committee recognizes that NIDA-funded research has contributed to the continued understanding of the health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promising results of kratom for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids and of research investigating the use of kratom’s constituent compounds for opioid use disorder. The Committee directs NIDA to continue to invest in this

[3] https://cdn.who.int/media/docs/default-source/controlled-substances/44ecdd_unsg_annex1.pdf?sfvrsn=9c380ac2_5

[4] https://onlinelibrary.wiley.com/doi/abs/10.1111/adb.12639
[5] https://pubmed.ncbi.nlm.nih.gov/30039246/
[6] https://docs.house.gov/meetings/AP/AP00/20210715/113908/HMKP-117-AP00-20210715-SD003.pdf

important research, especially considering the increase in overdose deaths during the COVID–19 pandemic." (p. 135)

"Kratom.—The [Appropriations] Committee directs the Secretary to maintain current Agency policy to not recommend that the substances mitragynine and 7-hydroxymitragynine, known as kratom, be permanently controlled in Schedule I of the Controlled Substances Act, either temporarily or permanently […] The Committee encourages AHRQ to continue to fund research on natural products that are used by many to treat pain in place of opioids, including kratom […] The Committee recommends an additional $3,000,000 for this research and directs AHRQ to make center-based grants to address research which will lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis." (p.189)

- In a presentation to WHO's ECDD, Marilyn Huestis, PhD, testified on recent research that showed "the lack of respiratory depression following high-dose mitragynine (kratom) in rats questions the appropriateness of designating kratom as a cause of death in postmortem cases."[7]

- Researchers at Johns Hopkins University concluded that 87% of adult consumers using kratom to treat opioid dependence reported relief from withdrawal symptoms, and 35% were opioid free within a year. The researchers concluded that serious adverse events are uncommon even at high consumption rates.[8]

- A newly published peer-reviewed research article on "Kratom Abuse Potential 2021: An Updated Eight Factor Analysis"[9] outlines the specific reasons why kratom is not a candidate for scheduling under the CSA – and given the mirrored criteria in the Nevada statute, it applies equally to the proposed scheduling before the Board in the April 14 hearing.

- HHS Secretary Becerra, in a letter to US Senator Mike Lee (UT) and Congressman Mark Pocan (WI) on March 16, 2022, stated that "HHS and its component agencies are working to address the knowledge gaps [on kratom] through research" and "[W]hile options for scheduling have been discussed, we believe that additional data and information are needed to understand the public health impact of kratom in terms of therapeutic benefits as well as safety risk. Discussions continue within HHS on mitigating actions to best address the various public health concerns presented, including potential unintended consequences that may arise from transitioning to riskier alternatives (for example fentanyl) if kratom were to be scheduled."

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[7] https://www.dropbox.com/s/h899q3gp0htwjnn/HuestisAAFSAbstract8-24-21-1.pdf?dl=0

[8] https://www.dropbox.com/s/bob9xr5jp2bwcg1/Garcia%20Drug%20and%20Alcohol%20Dependence%20kratom%20study%20Feb%203%202020%20.pdf?dl=0

[9] Kratom Abuse Potential 2021: An Updated Eight Factor Analysis, Jack Henningfield, Daniel W. Wang and Marilyn A. Huestis. https://www.frontiersin.org/articles/10.3389/fphar.2021.775073/full

Given that HHS, FDA, NIDA, and NIH believe that additional data is needed to assess the public health impact in terms of therapeutic benefits and safety risks, it seems the Nevada Board of Pharmacy should wait for that data to be developed and assessed prior to any scheduling action on kratom in Nevada.

In brief, the existing scientific literature and research shows there is no evidence of an imminent threat to public health (a requirement for temporary or emergency scheduling under the CSA and scheduling under the Nevada Uniform Controlled Substances Act) and that kratom was not like opioids in its safety and addiction risks.

There is substantial evidence that millions of people are using kratom for reasons associated with health and well-being, including in place of opioids they had been using for pain and/or addiction, and that thousands of people would be at risk of relapse to opioids and overdose if sale of kratom were banned and possession considered a narcotic criminal offense.

The updated Eight Factor Analysis, and the assessment of HHS Assistant Secretary of Health Dr. Girior, concluded that banning kratom would foreseeably lead to the emergence of a deadly illicit market that would worsen what appeared to be the main problems with kratom, namely contaminated, adulterated, and inappropriately marketed products. The Nevada Legislature took the important step to regulate kratom products to substantially reduce the risk of adulterated, contaminated, or mislabeled kratom products being offered for sale to Nevada residents with the enactment of AB 303 in 2019.[10]

Importantly, the updated Eight Factor Analysis reaffirms all of the conclusions of the 2018 report. The more than 100 new peer-reviewed published studies by researchers worldwide and many laboratory studies in the US with funding from the National Institute on Drug Abuse (NIDA), sustain those earlier findings. These studies provide a much fuller characterization of how kratom works and how it provides the benefits that many people report as their reason for use, but without narcotic-like addiction and overdose risks. The studies include the state-of-the-art types of animal abuse and physical dependence/withdrawal studies that FDA requires for new medicines and which DEA relies on for drug scheduling decisions. New clinical studies in humans provide initial assessments of kratom's physiological health and safety related effects on liver, kidney, and cardiovascular function, as well as brain function, using magnetic resonance imaging techniques.

Conclusions based on new studies since January 1, 2018

- Since the Henningfield, Fant & Wang (2018) 8-FA, there have been over 100 new published scientific studies, reviews, and commentaries by leading kratom experts, and an accelerating research pipeline funded in part by the US National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA). These studies provide an increasingly strong evidence base for regulation and policy.

[10] https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6559/Text

- Nature got it right. There is a convergence of studies showing that the main natural constituent of kratom that accounts for the reasons people use kratom is MG, which carries relatively low abuse and health risks. 7-HMG naturally occurs at very low levels and product standards should prevent marketing of products with levels higher than those that appear to carry little risk.

- Evidence does not support the conclusion that kratom is an imminent public health threat or that it is fueling the opioid and drug overdose epidemic that led to more than 103,000 deaths in 2021. Rather, the evidence supports the conclusion that for many people kratom is a path away from opioids and other drugs to help self-manage craving and withdrawal for people who find kratom more effective, accessible, acceptable, tolerable, and/or prefer natural products.

- Animal drug self-administration, physical dependence, and withdrawal studies show low abuse potential and withdrawal risks of kratom relative to opioids. Furthermore, these studies also show that MG administration can reduce self-administration of morphine and heroin as well as withdrawal from morphine. These findings are consistent with human surveys and studies showing that addiction risks for kratom are overall low as compared to opioids.

- Numerous surveys and field studies of kratom users have been conducted in the US and Malaysia. These new studies largely confirm the earlier large US survey on kratom consumer usage patterns published by Dr. Grundmann (2017).[11] Most US kratom users are 30-50 years old, employed, have some college education, and have health insurance. Leading reasons for use are to self-manage pain, depression, anxiety, to increase focus and alertness analogous to caffeinated beverage use, and to self-manage opioid and other substance use disorders to relieve craving and withdrawal and often the pain that motivates such drug use.

- Surveys also show that users fear a kratom ban and the risks of resumption of opioid and other drug use, and/or turning to illicitly marketed kratom. This makes it foreseeable that thousands of people would be at risk of opioid overdose and other mortality risks associated with illicit drug use, injection drug use, and adulterated kratom products.

- Studies of kratom's alkaloids support the conclusion that that MG and other alkaloids are not appropriately categorized as opioids, as they are diverse in their activity, effects, and mechanisms of action. Moreover, the primary active constituent of kratom, MG, does not produce the signature powerfully rewarding and lethal respiratory depressant effects that characterize morphine-like opioids.

- Kratom PK and safety studies include examination of the pharmacokinetics (PK) and pharmacodynamics (PD) in rats and dogs by oral and intravenous administration of many kratom alkaloids in addition to MG. MG, at human dose equivalents many times higher than humans take, are without acute

[11] https://pubmed.ncbi.nlm.nih.gov/28521200/

serious adverse effects and there is little evidence of a respiratory depressant effect.

- Six clinical studies evaluated the effects of long term kratom use on a variety of physiological parameters including kidney and liver function, hematological parameters, cognition, and brain function by magnetic resonance imaging. Although these were relatively small studies, none suggest serious adverse consequences of long term kratom use. It is important to note that these are not definitive safety studies and cannot be used to claim that kratom has no adverse effects on any of the studied physiological domains and limitations of each study were noted in the publications. Nonetheless, the findings are encouraging and should facilitate the conduct of more comprehensive follow-up studies.

- New medicine innovation efforts are developing new molecules as analogs of MG and other kratom alkaloids as possible safer and/or more effective treatments for pain, addiction, depression, and other disorders, due to the promising findings with kratom and its naturally occurring alkaloids. These efforts are also contributing to knowledge about kratom safety and effects; however, New Drug Applications (NDAs) typically require a decade or more of research at costs often exceeding one billion dollars before they can be submitted for review and potential approval by the FDA.

- The pipeline of research and new science has been enhanced in quantity and quality not only by funding from the US National Institutes of Health (NIH) and other organizations, but as well by regular scientific conferences that are fostering global collaboration and cooperation in an exciting new frontier in search of safer and more effective ways to manage health and well-being. Such efforts are working and should be expanded.

- These scientific findings taken together have implications for consideration of kratom regulation by the Controlled Substances Act (CSA). The CSA is intended to protect the public health from substances that pose as imminent threat to public health, and in the case of medicines with a potential for abuse to ensure that they are appropriately regulated if the science supports placement in the CSA. Kratom is not a new drug but rather is a naturally occurring substance with decades of history of use in the US and much longer in Southeast Asia where it grows in abundance and is used by many more people. The scientific evidence does not indicate a profile of meaningful abuse potential or physiological dependence potential of its primary active constituent, mitragynine. This review supports the key findings and action by Assistant Secretary of Health, Dr. Brett Giroir (Giroir, 2018) to rescind the 2017 recommendation (FDA, 2017) to place MG and 7-HMG in Schedule I of the CSA. Specifically, it supports the conclusions that “mitragynine does not satisfy the first of the three statutory requisites for Schedule I”, and that “there is a significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I” and that the very research that all parties agree is needed would be severely stifled by CSA scheduling.

- An important development that relates to overall safety, health benefits and risks of kratom use is a regulatory and policy update and is not included in the science updates: at the time of this writing, six states, Arizona, Georgia, Nevada, Utah, Oklahoma, and Oregon have enacted laws referenced as the Kratom Consumer Protection Act (KCPA). The KCPA establishes a regulatory framework to protect consumers from unsafe and adulterated kratom products. These KCPA laws provide needed consumer protections for consumers.

In support of this submission in opposition to the opposition to the Nevada Board of Pharmacy proposal to schedule mitragynine and 7-hydroxymitragygine (alkaloids of the plant kratom), we respectfully submit the attached documents addressing your mandated consideration of each of the Eight Factors required by NRS 453.146.

For additional information:

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AMERICAN KRATOM ASSOCIATION

DOCUMENTS SUPPORTING OPPOSITION TO
NEVADA BOARD OF PHARMACY PROPOSED
SCHEDULING OF KRATOM
March 29, 2022

DOCUMENT	TAB
DEA Federal Register Notice Withdrawing Kratom Scheduling **October 13, 2016** ***DEA determines there is insufficient evidence to justify scheduling of kratom***	**1**
HHS Letter Withdrawing Kratom Scheduling Recommendation **August 16, 2018** ***HHS Assistant Secretary of Health determines there is insufficient evidence to justify scheduling of kratom***	**2**
WHO Expert Committee on Drug Dependence Decision on Kratom Scheduling (with Pre-Review Report) **December 1, 2021** ***Expert Committee on Drug Dependence determines there is insufficient evidence to schedule kratom internationally***	**3**
Kratom Abuse Potential 2021: Updated 8-Factor Analysis **Published January 28, 2022** ***Comprehensive analysis of current science on kratom documenting kratom is not a candidate for scheduling***	**4**
Abuse liability and therapeutic potential of Mitragyna speciosa (kratom) alkaloids mitragynine and 7-hydroxymitragynine **Addiction Biology, 2018** ***No abuse potential liability (addiction) for kratom***	**5**

13575 Heathcote Boulevard, Suite 320, Gainesville, VA 20155

Abuse liability of mitragynine assessed with self-administration procedure in rats **Pyschopharmacology, July 23, 2018 (NIDA grant)** ***Limited abuse liability (addiction) for kratom***	**6**
Respiratory Depressant Effects and Pharmacokinetics of Oral Mitragynine (Kratom) and Oxycodone in Rats **Presented to WHO Expert Committee on Drug Dependence, October 11, 2021** ***Kratom does not produce respiratory suppression following high-dose kratom calls into question the designation of kratom as a cause of death***	**7**
Risk of death associated with kratom use compared to opioids **Preventative Medicine, October 21, 2019** ***Study confirms the risk of overdose death is >1000 times greater for opioids than for kratom***	**8**
Kratom (Mitragyna speciosa): User demographics, use patterns, and implications for the opioid epidemic (with infographic) **Drug and Alcohol Dependence, January 8, 2020** ***Study reports 87% of kratom consumers report a reduction in opioid withdrawal symptoms, and 35% are opioid free within a year using kratom as a replacement***	**9**
Lyophilized Kratom Tea as a Therapeutic Option for Opioid Dependence **Drug and Alcohol Dependence, September 22, 2020** ***This study confirms the effects of kratom tea for the treatment of pain and opioid physical dependence***	**10**
Understanding Kratom Use: A Guide for Healthcare Providers **Frontiers in Pharmacology, March 2022** ***Provides guidance to health care professionals for patients using kratom***	**11**
Use of Kratom in the Substance Abuse Community – How Barriers Impede Quality Outcomes that Would Reduce Suffering and Save Lives **Independent Commentary, John Shinholser, McShin Foundation**	**12**

Commentary on FDA demonization of kratom in the substance abuse treatment programs, and how kratom is part of the solution, not the problem	
Supplemental Supporting Research and Public Document List ***List of updated and new peer reviewed published literature on kratom***	**13**
HHS Secretary Becerra Letter to Sen. Mike Lee and Cong. Mark Pocan **March 16, 2022** ***HHS Secretary cites emerging science as basis for HHS/FDA to reconsider pursuing scheduling of kratom and confirms deaths due to polydrug use and adulteration of kratom***	**14**

as a result of this proposed rule would be less than two percent, or an estimated $37,151.00, of the estimated total $1,857,560.00 cost to all steel importers to process the on-line automatic licenses. These calculations were based on an hourly pay rate of $20.00 multiplied by the estimated 92,878 total annual burden hours. Based on the current patterns of license applications, the vast majority of the licenses are applied for by large companies. The approximate cost of a single license is less than 10 minutes of the applicant's time and this is reduced if applicants use templates or the electronic data interface for multiple licenses. This amounts to an average cost per license of $3.33.

This proposed rule contains collection-of-information requirements subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA).

These requirements have been approved by OMB (OMB No.: 0625–0245; Expiration Date: 1/31/2018). Public reporting for this collection of information is estimated to be less than 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information.

Paperwork Reduction Act Data

OMB Number: 0625–0245.

ITA Number: ITA–4141P.

Type of Review: Regular Submission.

Affected Public: Business or other for-profit.

Estimated Number of Registered Users: 3,500.

Estimated Time per Response: Less than 10 minutes.

Estimated Total Annual Burden Hours: 92,878 hours.

Estimated Total Annual Costs: $0.00.

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number.

Executive Order 12866

This rule has been determined to be not significant for purposes of Executive Order 12866.

Executive Order 13132

This rule does not contain policies with federalism implications as that term is defined in EO 13132.

List of Subjects in 19 CFR Part 360

Administrative practice and procedure, Business and industry, Imports, Reporting and recordkeeping requirements, Steel.

Dated: October 4, 2016.

Ken Hyatt,

Acting Under Secretary for International Trade.

For the reasons discussed above, we propose amending 19 CFR part 360 as follows:

PART 360—STEEL IMPORT MONITORING AND ANALYSIS SYSTEM

■ 1. The authority citation for part 360 continues to read as follows:

Authority: 13 U.S.C. 301(a) and 302.

■ 2. Section 360.105 is revised to read as follows.

§ 360.105 Duration of the steel import licensing requirement.

The licensing program will be in effect through March 21, 2022, but may be extended upon review and notification in the **Federal Register** prior to this expiration date. Licenses will be required for all subject imports entered during this period, even if the entry summary documents are not filed until after the expiration of this program. The licenses will be valid for 10 business days after the expiration of this program to allow for the final filing of required Customs documentation.

[FR Doc. 2016–24649 Filed 10–12–16; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–442W]

Withdrawal of Notice of Intent to Temporarily Place Mitragynine and 7-Hydroxymitragynine Into Schedule I

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Withdrawal of Notice of Intent; Solicitation of Comments.

SUMMARY: On August 31, 2016, the Drug Enforcement Administration (DEA) published in the **Federal Register** a notice of intent to temporarily place mitragynine and 7-hydroxymitragynine, which are the main psychoactive constituents of the plant Mitragyna speciosa, also referred to as kratom, into schedule I pursuant to the temporary scheduling provisions of the Controlled Substances Act. Since publishing that notice, DEA has received numerous comments from members of the public challenging the scheduling action and requesting that the agency consider those comments and accompanying information before taking further action. In addition, DEA will receive from the Food and Drug Administration (FDA) a scientific and medical evaluation and scheduling recommendation for these substances, which DEA previously requested.

DEA is therefore taking the following actions: DEA is withdrawing the August 31, 2016 notice of intent; and soliciting comments from the public regarding the scheduling of mitragynine and 7-hydroxymitragynine under the Controlled Substances Act.

DATES: The notice of intent that was published on August 31, 2016 (81 FR 59929) is withdrawn as of October 13, 2016. The comment period will be open until December 1, 2016. All comments for the public record must be submitted electronically or in writing in accordance with the procedures outlined below. Electronic comments must be submitted, and written comments must be postmarked, on or before December 1, 2016. Commenters should be aware that the electronic Federal Docket Management System will not accept comments after 11:59 p.m. Eastern Time on the last day of the comment period. Please note that if you previously submitted a comment via email or regular mail following the August 31, 2016 notice, that comment is being considered by DEA—it is not necessary to resubmit the same comment *unless* you wish to provide additional information, or you wish to have your comment posted for public view in accordance with the instructions provided below.

ADDRESSES: To ensure proper handling of comments, please reference ''Docket No. DEA–442W'' on all correspondence, including any attachments.

- *Electronic comments:* The Drug Enforcement Administration encourages that all comments be submitted electronically through the Federal eRulemaking Portal, which provides the ability to type short comments directly into the comment field on the Web page or attach a file for lengthier comments. Please go to *http://www.regulations.gov* and follow the online instructions at that site for submitting comments. Upon completion of your submission, you will receive a Comment Tracking Number for your comment. Please be aware that submitted comments are not instantaneously available for public view on *Regulations.gov*. If you have

received a Comment Tracking Number, your comment has been successfully submitted and there is no need to resubmit the same comment.

• *Paper comments:* Paper comments that duplicate the electronic submission are not necessary and are discouraged. Should you wish to mail a paper comment *in lieu of* an electronic comment, it should be sent via regular or express mail to: Drug Enforcement Administration, Attn: DEA Federal Register Representative/ODW, 8701 Morrissette Drive, Springfield, Virginia 22152.

FOR FURTHER INFORMATION CONTACT: Michael J. Lewis, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152; Telephone: (202) 598–6812.

SUPPLEMENTARY INFORMATION:

Posting of Public Comments

Please note that all comments received in response to this notice are considered part of the public record. If you previously submitted a comment via email or regular mail following the August 31, 2016 notice, that comment is being considered by DEA—it is not necessary to resubmit the same comment unless you wish to provide additional information, or you wish to have your comment posted for public view in accordance with the instructions provided below.

All comments received in response to this notice of opportunity to comment will, unless reasonable cause is given, be made available by DEA for public inspection online at *http://www.regulations.gov.* Such information includes personal identifying information (such as your name, address, etc.) voluntarily submitted by the commenter. The Freedom of Information Act (FOIA) applies to all comments received. If you want to submit personal identifying information (such as your name, address, etc.) as part of your comment, but do not want it to be made publicly available, you must include the phrase ''PERSONAL IDENTIFYING INFORMATION'' in the first paragraph of your comment. You must also place all of the personal identifying information you do not want made publicly available in the first paragraph of your comment and identify what information you want redacted.

If you want to submit confidential business information as part of your comment, but do not want it to be made publicly available, you must include the phrase ''CONFIDENTIAL BUSINESS INFORMATION'' in the first paragraph of your comment. You must also prominently identify the confidential business information to be redacted within the comment.

Comments containing personal identifying information and confidential business information identified as directed above will generally be made publicly available in redacted form. If a comment has so much personal identifying information or confidential business information that it cannot be effectively redacted, all or part of that comment may not be made publicly available. Comments posted to *http://www.regulations.gov* may include any personal identifying information (such as name, address, and phone number) or confidential business information included in the text of your electronic submission that is not identified as directed above as personal or confidential.

Background

Withdrawal of Notice of Intent

The Controlled Substances Act (CSA) contains a temporary scheduling provision, 21 U.S.C. 811(h), pursuant to which the DEA Administrator [1] may temporarily place a substance in schedule I where he finds that doing so is necessary to avoid an imminent hazard to the public safety. This provision of the CSA requires DEA to publish a notice in the **Federal Register** of its intent to issue a temporary scheduling order at least 30 days before issuing any such order. DEA published such a notice of intent on August 31, 2016, with respect to mitragynine and 7-hydroxymitragynine, which are the main psychoactive constituents of the plant commonly known as kratom. 81 FR 59929.

In response to the notice of intent, DEA received numerous comments from the public on mitragynine and 7-hydroxymitragynine, including comments offering their opinions regarding the pharmacological effects of these substances. To allow consideration of these comments, as well as others received on or before December 1, 2016, DEA has decided to withdraw the August 31, 2016 notice of intent published at 81 FR 59929. DEA has also requested that the FDA expedite its scientific and medical evaluation and scheduling recommendation for these substances, which DEA previously requested in accordance with 21 U.S.C. 811(b).[2]

Accordingly, the August 31, 2016, notice of intent to temporarily place mitragynine and 7-hydroxymitragynine in schedule I is withdrawn. Mitragynine and 7-hydroxymitragynine therefore remain—as has been the case—noncontrolled substances under federal law.[3]

Consideration of Public Comments and FDA's Analysis

With respect to mitragynine and 7-hydroxymitragynine, DEA will consider all public comments received under the above procedures, as well as FDA's scientific and medical evaluation and scheduling recommendation for these substances. Once DEA has received and considered all of this information, DEA will decide whether to proceed with permanent scheduling of mitragynine and 7-hydroxymitragynine, or both permanent and temporary scheduling of these substances.

Permanent Scheduling Process: As the CSA provides, if DEA determines that the medical and scientific facts contained in the FDA scheduling evaluation, along with all other relevant data and information, constitute substantial evidence of potential for abuse to support permanent scheduling of mitragynine and 7-hydroxymitragynine, DEA will publish in the **Federal Register** a notice of proposed rulemaking, which will give interested members of the public an additional opportunity to submit comments and request a hearing.[4] As provided in 21 U.S.C. 811(a), permanent scheduling rules shall be made on the record after opportunity for a hearing pursuant to the rulemaking procedures prescribed by 5 U.S.C. 553, 556, and 557.

Temporary Scheduling Process: The pendency of permanent scheduling proceedings for a substance does not preclude a simultaneous or subsequent order to temporarily control that substance. If DEA finds in light of FDA's scientific and medical evaluation and after consideration of all public

[1] The Attorney General has delegated her functions under the CSA to the DEA Administrator.

[2] Section 811(b) provides that the scientific and medical evaluation and scheduling recommendation shall be conducted by the Secretary of Health and Human Services (HHS). This function has been delegated to the Assistant Secretary for Health. 58 FR 35460 (1993). Within HHS, the FDA has primary responsibility for conducting the evaluation and making the recommendation.

[3] Under some state and local laws, kratom and/or its constituents mitragynine and 7-hydroxymitragynine are currently listed as controlled substances or otherwise subject to control. Nothing in this publication alters the validity of such laws, or any pending state efforts to implement those laws or enact new laws controlling these substances.

[4] In permanent scheduling actions, when DEA reviews the FDA evaluation and scheduling recommendation, the FDA determinations as to scientific and medical matters are binding on DEA. 21 U.S.C. 811(b).

comments and other relevant information that, based on the criteria of section 811(h), temporary placement of mitragynine and 7-hydroxymitragynine in schedule I is necessary to avoid an imminent hazard to the public safety, DEA will follow the statutory procedures for issuing such a temporary scheduling order. As indicated above, before issuing such a temporary scheduling order, DEA would be required to publish in the **Federal Register** a new notice of intent.

Dated: October 6, 2016.

Chuck Rosenberg,

Acting Administrator.

[FR Doc. 2016–24659 Filed 10–12–16; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 300

[REG–108934–16]

RIN 1545–BN38

User Fees for Offers in Compromise

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice of proposed rulemaking and notice of public hearing.

SUMMARY: This document contains proposed amendments to the regulations that provide user fees for offers in compromise. The proposed amendments affect taxpayers who wish to pay their liabilities through offers in compromise. The proposed effective date for these proposed amendments to the regulations is for offers in compromise submitted on or after February 27, 2017. This document also provides a notice of public hearing on these proposed amendments to the regulations.

DATES: Written or electronic comments must be received by November 28, 2016. Outlines of topics to be discussed at the public hearing scheduled for December 16, 2016 at 10:00 a.m. must be received by November 28, 2016.

ADDRESSES: Send submissions to: Internal Revenue Service, CC:PA:LPD:PR (REG–108934–16), Room 5203, Post Office Box 7604, Ben Franklin Station, Washington, DC 20044. Submissions may be hand-delivered Monday through Friday between the hours of 8 a.m. and 4 p.m. to CC:PA:LPD:PR (REG–108934–16), Courier's Desk, Internal Revenue Service, 1111 Constitution Avenue NW., Washington, DC 20224 or sent electronically via the Federal eRulemaking Portal at *http://www.regulations.gov* (indicate IRS and REG–108934–16). The public hearing will be held in the Main IR Auditorium beginning at 10:00 a.m. in the Internal Revenue Service Building, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Concerning the proposed amendments to the regulations, Maria Del Pilar Austin at (202) 317–5437; concerning submissions of comments, the hearing, or to be placed on the building access list to attend the hearing, Regina Johnson, at (202) 317–6901; concerning cost methodology, Eva Williams, at (202) 803–9728 (not toll-free numbers).

SUPPLEMENTARY INFORMATION:

Background

This document contains proposed regulations that would amend § 300.3 of the User Fee Regulations (26 CFR part 300), which provides for a user fee applicable to offers in compromise under section 7122 of the Internal Revenue Code (Code).

Section 7122(a) provides the Secretary the authority to compromise any civil or criminal case arising under the internal revenue laws, prior to the referral of that case to the Department of Justice. Section 7122(d)(1) requires the IRS to prescribe guidelines for officers and employees of the IRS to determine whether an offer in compromise is adequate and should be accepted to resolve a dispute. Those guidelines can generally be found in § 301.7122–1. Under those guidelines, an offer in compromise may be accepted if there is doubt as to liability, if there is doubt as to collectability, or if acceptance will promote effective tax administration. See § 301.7122–1(b).

When the IRS receives an offer in compromise, it initially determines whether the taxpayer submitting the offer is eligible for the offer in compromise program and, if the taxpayer is eligible, whether the offer submitted is otherwise processable. Currently, a taxpayer may be ineligible for the offer in compromise program for a number of reasons, including if the taxpayer is in bankruptcy or has not filed all required tax returns. The IRS will return an offer as nonprocessable if the taxpayer is ineligible or if the offer has not been properly submitted.

If the IRS determines the offer in compromise is processable, then except where the offer is made under section 7122(d)(3)(B) relating only to issues of liability and the case is processed without a financial investigation, the IRS investigates and verifies the taxpayer's financial information submitted with the offer to determine whether such a compromise is appropriate before accepting the terms of the offer in compromise. If the IRS initially rejects a processable offer in compromise based on an investigation of the taxpayer's financial position, section 7122(e)(1) provides that the IRS must conduct an independent administrative review of that decision before communicating the rejection to the taxpayer. If the independent administrative review upholds the IRS's initial decision to reject a processable offer in compromise, section 7122(e)(2) provides that the taxpayer is notified of the rejection and has the right to appeal the rejection to the IRS's Appeals Office. When the IRS accepts an offer in compromise, the IRS processes the payments and monitors the taxpayer's compliance with the terms of the offer.

Under § 300.3, the IRS currently charges $186 for processing an offer in compromise, which includes reviewing and monitoring the offer. Under § 300.3(b)(2)(i) and (ii), if a fee is charged and the offer is accepted to promote effective tax administration or accepted based on doubt as to collectability where the IRS has determined that collection of an amount greater than the amount offered would create economic hardship, then the user fee is applied against the amount to be paid under the offer unless the taxpayer requests that it be refunded. Section 300.3(b)(1)(i) and (ii) provide that no fee is charged if an offer is based solely on doubt as to liability, or made by a low-income taxpayer.

Explanation of Provisions

A. Overview

To bring the user fee rate for offers in compromise closer to the full cost to the IRS of providing this taxpayer specific service, the proposed regulations under § 300.3 would increase the user fee for an offer in compromise to $300. The proposed regulations do not modify other portions of the User Fee Regulations regarding offers in compromise, such as § 300.3(b)(1)(i) and (ii) which waive the user fee for offers in compromise submitted by low-income taxpayers and offers in compromise based solely on doubt as to liability. The increased user fee for offers in compromise is proposed to be effective for offers submitted on or after February 27, 2017.

B. User Fee Authority

The Independent Offices Appropriations Act (IOAA) (31 U.S.C.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Health
Washington, D.C. 20201

AUG 16 2018

The Honorable Uttam Dhillon
Acting Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Dear Mr. Dhillon:

Pursuant to the Controlled Substances Act (CSA), 21 U.S.C. § 811, I am rescinding our prior recommendation dated October 17, 2017, that the substances mitragynine and 7-hydroxymitragynine be permanently controlled in Schedule I of the CSA. HHS is instead recommending that mitragynine and 7-hydroxymitragynine not be controlled at this time, either temporarily or permanently, until scientific research can sufficiently support such an action. Mitragynine and 7-OH-mitragynine are two of the constituents of the plant *Mitragyna speciosa* (*M. speciosa*), commonly referred to as *kratom*. This decision is based on many factors, in part on new data, and in part on the relative lack of evidence, combined with an unknown and potentially substantial risk to public health if these chemicals were scheduled at this time. Further research, which I am proposing be undertaken, should provide additional data to better inform any subsequent scheduling decision.

Procedural History

On August 31, 2016, the Drug Enforcement Administration (DEA) issued a Notice of Intent to temporarily schedule the chemicals mitragynine and 7-hydroxymitragynine into Schedule I pursuant to the temporary scheduling provisions of the CSA, 21 U.S.C. § 811(h). *See,* 81 Fed. Reg. 59,929 (Aug. 31, 2016). In response to the Notice of Intent, the DEA received numerous comments from the public on mitragynine and 7-hydroxymitragynine, including comments offering their opinions regarding the pharmacological effects of these substances. To allow consideration of these comments, as well as others received on or before December 1, 2016, the DEA issued a Withdrawal of Notice of Intent and Solicitation of Comments on October 31, 2016.

On October 17, 2017, the then-Acting Assistant Secretary for Health of HHS wrote to then-Acting Administrator of the DEA to indicate that HHS was recommending that the substances mitragynine and 7-OH-mitragynine be permanently controlled in Schedule I of the Controlled

Substances Act. Recently, I became aware of DEA's intent to schedule mitragynine and 7-OH-mitragynine - into Schedule I.

Analysis

The Controlled Substances Act ("CSA") provides in pertinent part that the Attorney General may by rule add to Schedule I any drug or other substance if the Attorney General makes the findings prescribed by subsection (b) of section 812 of the CSA for Schedule I. *See,* 21 U.S.C. § 811(a). Such findings are:

1. The drug or other substance has a high potential for abuse.
2. The drug or other substance has no currently accepted medical use in treatment in the United States.
3. There is a lack of accepted safety or use of the drug or other substance under medical supervision.

The CSA requires that "[i]n making any finding under subsection (a) of this section or under subsection (b) of section 812 of this title, the Attorney General shall consider the following factors with respect to each drug or other substance proposed to be controlled or removed from the schedules:

(1) Its actual or relative potential for abuse.
(2) Scientific evidence of its pharmacological effect, if known.
(3) The state of current scientific knowledge regarding the drug or other substance.
(4) Its history and current pattern of abuse.
(5) The scope, duration, and significance of abuse.
(6) What, if any, risk there is to the public health.
(7) Its psychic or physiological dependence liability.
(8) Whether the substance is an immediate precursor of a substance already controlled under this subchapter."

21 U.S.C. § 811(c).

Before scheduling a substance, though, the Attorney General must "request from the Secretary (of HHS) a scientific and medical evaluation, and his recommendation, as to whether such drug or other substance should be so controlled or removed as a controlled substance." *Id.* at § 811(b). The Secretary's evaluation should be based on factors (2), (3), (6), (7), and (8), noted above, and the scientific and medical considerations involved in factors (1), (4), and (5). Moreover, the "recommendation of the Secretary to the Attorney General shall be binding on the Attorney General as to such scientific and medical matters, and if the Secretary recommends that a drug or other substance not be controlled, the Attorney General shall not control the drug or other substance." *Id.*

The Secretary has delegated to the Assistant Secretary for Health, in consultation with the National Institute on Drug Abuse and the Food and Drug Administration, the responsibility to make a recommendation under the CSA to the Attorney General. On October 17, 2017, my

predecessor, the Acting Assistant Secretary for Health, forwarded to you his recommendation that mitragynine and 7-hydroxymitragynine be permanently controlled in Schedule I of the CSA. The recommendation included a scientific and medical evaluation prepared by the FDA of the eight factors determinative of control under the CSA. The FDA evaluation also recommended in favor of the three findings that are required for DEA to place a substance in Schedule I.

I have reviewed the Acting Assistant Secretary's earlier recommendation as well as previous and new scientific data. In light of this review, combined with concerns for unintended public health consequences, I now conclude that while mitragynine and 7-hydroxymitragynine have many properties of an opioid, scheduling these chemicals at this time in light of the underdeveloped state of the science would be premature. For example, one recently published peer reviewed animal study indicated that mitragynine does not have abuse potential and actually reduced morphine intake. As such, these new data suggest that mitragynine does not satisfy the first of the three statutory requisites for Schedule I, irrespective of broader considerations of public health. While a single study is rarely dispositive, it strongly suggests that further evaluation is warranted.

Although there remains cause for concern for 7-hydroxymitragynine and potentially mitragynine, the level of scientific data and analysis presented by the FDA and available in the literature do not meet the criteria for inclusion of *kratom* or its chemical components in Schedule I of the CSA at this time. There is still debate among reputable scientists over whether *kratom* by itself is associated with fatal overdoses. Further analysis and public input regarding *kratom* and its chemical components are needed before any scheduling should be undertaken. It is important that we have additional information to justify scheduling, such as:[1]

- A scientific assessment of how many Americans utilize *kratom*, and an understanding of the geographic and demographic distribution of these users (Factors 4, 5);
- A scientific assessment of the actual scale and degree of dependence and/or addiction of Americans utilizing *kratom* (Factors 1, 5, 7);
- A scientific determination based on data whether *kratom* actually serves as a gateway drug that promotes further use of more dangerous opioids (Factors 1, 4, 5);
- A valid prediction of how many *kratom* users will suffer adverse consequences if *kratom* is no longer available, including:
    - Intractable pain, psychological distress, risk for suicide;
    - Transition to proven deadly opioids such as prescription opioids, heroin, or fentanyl; and
    - Transition to other potent or harmful drugs (Factor 6);
- A scientifically valid assessment of causality in the current few deaths in which *kratom* was co-utilized with known lethal drugs such as fentanyl (Factors 1, 2, 3, 5 & 6).

Furthermore, there is a significant risk of immediate adverse public health consequences for potentially millions of users if *kratom* or its components are included in Schedule I, such as:

---

[1] I am also concerned about the impact of scheduling *kratom* on our ability to conduct research, especially survey research and our currently inability to routinely test for *kratom* in those brought into an emergency room as a result of a possible overdose.

- Suffering with intractable pain;
- *Kratom* users switching to highly lethal opioids, including potent and deadly prescription opioids, heroin, and/or fentanyl, risking thousands of deaths from overdoses and infectious diseases associated with IV drug use;
- Inhibition of patients discussing *kratom* use with their primary care physicians leading to more harm, and enhancement of stigma thereby decreasing desire for treatment, because of individual users now being guilty of a crime by virtue of their possession or use of *kratom*
- The stifling effect of classification in Schedule I on critical research needed on the complex and potentially useful chemistry of components of *kratom*.

Therefore, I conclude at the current time, available evidence does not support mitragynine and 7-hydroxymitragynine being controlled in Schedule I of the Controlled Substances Act. This assessment supersedes the previous recommendation letter from Acting Assistant Secretary Wright dated October 17, 2017. In the meantime, it is recognized that *kratom* may potentially have harmful effects, especially in specific circumstances and/or when used with potent prescription or illicit drugs.

Finally, it is entirely possible that new data and evidence could support scheduling of chemicals in *kratom* at some future time. *Kratom* may have harmful effects, particularly when used with other drugs. As such, I encourage continued enforcement by the FDA against unproven claims by *kratom* manufacturers. I also support enhanced public awareness that *kratom* contains molecules that may potentially be dangerous. I also plan to work expeditiously with colleagues throughout the U.S. government to seek transparent public and scientific input, and to collect data on the critical public health considerations outlined above.

Should you have any questions regarding this recommendation, please contact my office at (202) 690-7694.

Sincerely yours,

Brett P. Giroir, M.D.
ADM, U.S. Public Health Service
Assistant Secretary for Health
Senior Advisor for Opioid Policy

World Health Organization

Pre-Review Report:

Kratom (*Mitragyna speciosa*), mitragynine, and 7-hydroxymitragynine

Expert Committee on Drug Dependence

Forty-fourth Meeting

Geneva, 11-15 October 2021

This report contains the views of an international group of experts, and does not necessarily represent the decisions or the stated policy of the World Health Organization

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Executive Summary

Kratom is the common term for Mitragyna speciosa, a tree native to Southeast Asia. The kratom leaf contains more than 50 alkaloids. The two main known psychoactive compounds in kratom leaf are the indole alkaloids mitragynine, comprising up to two-thirds of the alkaloid content, and 7-hydroxymitragynine, which comprises about 1% of alkaloid content and is also formed by metabolism of mitragynine in vivo. Several total synthesis of mitragynine have been developed, but require too many steps and provide the final product in very low yields. Hence, extraction of the compound seems to be more convenient. 7-Hydroxymitragynine can also be obtained from mitragynine by a single step chemical reaction. M. speciosa can be identified macroscopically by examining the leaf, although this analysis can be misleading as the leaves from plants of the same tribe or genus are very similar. Numerous analytical methods have been reported in the literature for the identification and quantification of kratom alkaloids, particularly mitragynine, in a wide range of samples, including commercial samples, raw plant material and biological specimens. The most applied methods include chromatographic techniques coupled to either spectrophotometric or mass spectrometric detectors.

Indigenous populations have used kratom products for centuries as herbal medicine to treat various medical conditions (especially pain and opioid withdrawal), to enhance sociability, and to increase energy and reduce fatigue (especially among manual workers). Lower doses reportedly have stimulant-like effects, while higher doses have opioid-like effects. Kratom use is almost exclusively oral, typically by chewing the leaves, ingesting powdered leaf, or drinking a kratom tea or decoction (Southeast Asia) or by ingesting powdered leaf as a capsule or pill or dissolved in a beverage (US, Western Europe). Processed kratom products sold commercially often contain other compounds.

Kratom is not currently controlled under the UN conventions. Some countries ban kratom or limit its use for human consumption. The Association of Southeast Asian Nations (ASEAN) bans kratom in herbal medicine or dietary supplements, but allows cultivation of the tree. Kratom is legal in the United States at the federal level, but is considered a drug of concern by the US Drug Enforcement Administration.

Kratom is almost always taken orally. In Southeast Asia, typical formulations include raw or powdered leaves or liquid leaf-extracts (tea or decoction). Kratom decoction is often mixed with another beverage to create a kratom “cocktail.” In the United States and Western Europe, common formulations include leaf powders taken as a tablet or capsule or dissolved in a beverage. Mitragynine and 7-hydroxymitragynine have been found in resins and liquids sold online for use in electronic drug delivery devices (so-called “e-cigarettes”).

In the absence of accurate labeling of kratom products, it is impossible to know the actual doses of kratom alkaloids ingested by kratom users. Surveys of convenience samples of kratom users in Southeast Asia suggest that a typical daily dose of liquid formulations is

3-6 glasses/day, containing an estimated 200-400 mg of mitragynine. Surveys of convenience samples of US kratom users suggest that a typical daily dose of powder formulations is 2-6 g/day, although heavy users may ingest up to 20 g/day.

The pharmacokinetic parameters of oral mitragynine in rats, when given as the isolated alkaloid, are T_{max} of 1.3-4.5 hours, C_{max} of 400-700 ng/mL, half-life of 3.3-9.4 hours, and oral bioavailability of 3%-17%; when given as lyophilized kratom tea or organic extract of kratom tea, T_{max} of 0.3 or 1.0 hours, respectively, C_{max} of 0.55 and 0.66 ng/mL, respectively, and oral bioavailability of 25.1% and 31.2%, respectively. The pharmacokinetic parameters of isolated oral mitragynine in beagle dogs are T_{max} of 0.3 hours, C_{max} of 278 (±47) ng/mL , half-life of 8.7 (±0.2) hours, and bioavailability of 69.6%.

We are aware of two published studies of humans administered controlled doses of kratom products (decoction, tea), involving 36 young adult men in Southeast Asia who used kratom daily. Pharmacokinetic parameters were T_{max} 0.84 (±0.35) hours and 2.0 (± 0.8) hours, C_{max} 50-100 ng/mL and 1884 (± 1056) ng/mL, and half-life 23 (± 16) hours. There are currently no human data on the oral bioavailability of mitragynine or 7-OH-mitragynine, either alone or as part of a kratom product. Given this lack of knowledge, and the known variability in oral bioavailability between rodents and beagle dogs, it is impossible to accurately extrapolate to humans from the animal dosing of kratom and kratom alkaloids. We are not aware of any *in vivo* human studies on the metabolism of kratom alkaloids or kratom-drug interactions. Mitragynine inhibits activity of some human liver cytochrome P450 enzymes in liver cells *in vitro* and enhances the activity of others. These findings raise the potential for clinically significant kratom-drug interaction in human kratom users.

Mitragynine and 7-hydroxymitragynine act as partial agonists at the mu-opioid receptor (mOR). 7-Hydroxmitragynine has 5-23 times more binding affinity and 5-20 times more intrinsic activity (receptor activation) than does mitragynine. For comparison, morphine has 8-10 times more binding affinity and 3 times more intrinsic activity than does 7-OH-mitragynine. Activation of the mu-opioid receptor is considered responsible for most of the pharmacological effects of kratom alkaloids. Kratom alkaloids are biased mOR agonists in that they activate the G-protein coupled intracellular pathway but not the beta-arrestin pathway. This may confer some selectivity in producing analgesia with less respiratory depression or physical dependence. Kratom alkaloids also act as competitive antagonists at the kappa- and delta-opioid receptors, but with lesser potency. Mitragynine binds to alpha1- and alpha2-adrenergic receptors, serotonin-1A and -2A receptors, and the dopamine D1 receptor. The functional significance of such binding is unknown.

Extracts of the kratom leaf , mitragynine, and 7-hydroxymitragynine have a variety of behavioral effects in rodents after oral or intraperitoneal administration. Extrapolating these findings to humans is uncertain because of potential species differences in pharmacokinetics, especially oral bioavailability. Most studies focus on the opioid-like effects, including analgesia, slowed gastrointestinal transit, development of naloxone-precipitated opioid-like withdrawal symptoms (but not spontaneous withdrawal symptoms) after repeated daily (at least 4-5 days) dosing, and suppression of naloxone-precipitated

opioid withdrawal. Repeated daily dosing (at least 4-5 days) produces tolerance to the opioid-like effects and cross-tolerance with opioids.

Kratom and kratom alkaloids have inconsistent effects in rodent models of reward. Like morphine, kratom and mitragynine have rewarding effects in conditioned place preference. Unlike morphine, they do not support drug self-administration.Mitragyinine has no effect on intracranial self-stimulation ICSS) , while 7-OH-mitragynine had no effect in one study and lowered ICSS threshold (rewarding) in another study. Rats distinguish mitragynine from saline, but not from morphine. One study found that kratom methanolic extract did not increase dopamine concentration in the mouse brain nucleus accumbens. Such increases are produced by almost all substances abused by humans, including opioids.

Kratom and mitragynine have little or no effect on motor activity and sleep in rodents, but reduce opioid and alcohol self-administration and withdrawal and improve behavior in rodent models of anti-depressant and anti-psychotic action.

Acute and chronic (up to 6 weeks) studies in rodents, dogs, and cats show little toxicity from mitragynine or 7-hydroxymitragynine at oral or i.p. doses below 50 mg/kg, except for reduced food and water intake and weight loss. Higher doses produce respiratory suppression, liver damage, and seizures. The mitragynine oral LD50 is around 500 mg/kg in mice and >800 mg/kg in rats. For comparison, the oral LD50 of mitragynine is 600 mg/kg in mice and 461 mg/kg in rats. The oral bioavailability of mitragynine in humans is unknown, so extrapolation from rodent to human doses is uncertain.

Recent large, nationally representative epidemiological surveys in Thailand (2017) and the US (2019) suggest that 2-3% and 0.7%, respectively, of the adolescent/adult population are past-year users of kratom. There are little other good-quality data on the epidemiology of kratom use and kratom use disorder. Most data come from online surveys of self-selected convenience samples of adult kratom users. One such 2017 survey in the US found that 12.3% of respondents met DSM-5 criteria for past-year kratom use disorder. Cross-sectional surveys in Southeast Asia and the US find that up to one-half to three-quarters of chronic daily kratom users report difficulty in stopping their kratom use and experience opioid-like withdrawal symptoms when they do stop, occurring within 48 hours of stopping. However, few such kratom users report psychosocial or medical problems from their use. Case reports of kratom users seeking medical attention for kratom withdrawal find use patterns of up to 15-20 g daily of kratom products.

There are only three small published clinical studies on the human pharmacology of oral kratom products (tea, decoction, or extract) involving a total of 41 young adult men. One study of 26 chronic kratom users in Malaysia found that mitragynine (1.6 mg/kg in the form of kratom decoction) doubled pain tolerance in the cold pressor test about one hour after ingestion. A third study of five kratom-naïve British adults found that kratom extract reduced pain-sensitivity. All three studies reported only transient, clinically insignificant adverse effects.

Kratom can produce serious toxicity in high-dose users, but the number of cases is probably low as a proportion of the total number of users. More than 300 deaths associated with kratom have been reported since 2010, the vast majority since 2015 and almost all in the US and Western Europe. Attributing causality to kratom can be difficult, as most cases involve multiple substances and few cases involved comprehensive toxicology to detect other substances. In one large case series, 23% of deaths had no other substances identified or considered contributory. In some smaller case series that had intensive forensic investigation, no kratom-associated deaths are found to be caused by kratom. In addition, there is no association between mitragynine concentrations in post-mortem blood and likelihood of a death being considered caused by kratom. At least 92 cases of kratom-associated liver toxicity have been reported. These usually resolve after cessation of kratom use; only one case required liver transplantation. Among the 3,484 kratom-associated cases reported to the US National Poison Data System from 2014-2019, in 63% kratom was the only identified substance. Among these, only 0.8% were considered medically serious (including death). The major toxicities were neuropsychiatric (agitation, confusion, sedation, hallucinations, tremor, seizure, coma) 75.4%, cardiovascular (tachycardia hypertension) 44.5%, gastrointestinal (abdominal pain, nausea, vomiting) 25.2%, and respiratory (respiratory depression) 12.1%. Small cross-sectional studies of chronic kratom users in Southeast Asia find no evidence of clinically significant cardiac, renal, or hematological abnormalities. A study comparing kratom-associated poison control center reports in the US and Thailand from 2010-2017 found similar types of adverse events in both countries. Medical severity was significantly greater in the US, although Thailand had a greater prevalence of cases with other substances mentioned.

Surveys of convenience samples of kratom users in Southeast Asia and the US find that the vast majority report using kratom to self-medicate pain, opioid withdrawal or opioid use disorder, anxiety, or depression, rather than for recreational purposes. This anecdotal evidence, plus some of the potentially beneficial behavioral effects seen in rodent studies, have generated proposals to develop kratom or its alkaloids as medication for such disorders.

1. Substance identification

A. International Nonproprietary Name (INN)

KRATOM

No information could be identified.

MITRAGYNINE

No information could be identified.

7-HYDROXYMITRAGYNINE

No information could be identified.

B. Chemical Abstract Service (CAS) Registry Number

KRATOM
Not applicable.

MITRAGYNINE
4098-40-2 (-)-Mitragynine free base
1908497-94-8 (+)-Mitragynine free base
36455-45-5 Mitragynine hydrochloride
58375-35-2 Mitragynine hydriodide
11047-38-4 Mitragynine hydrobromide
11047-42-0 Mitragynine perchlorate
11047-41-9 Mitragynine oxalate
11047-35-1 Mitragynine cinnamate
11047-36-2 Mitragynine trichloroacetate
36455-46-6 Mitragynine ethanedisulfonate
11047-37-3 Mitragynine, compd. with 1,3,5-trinitrobenzene (1:1)

7-HYDROXYMITRAGYNINE
174418-82-7 7-Hydroxymitragynine

C. Other Chemical Names

KRATOM
Not applicable

MITRAGYNINE
Corynan-16-carboxylic acid, 16,17-didehydro-9,17-dimethoxy-, methyl ester, (16E,20β)- (ZCI)
Corynantheidine, 9-methoxy- (7CI)
Mitragynine (6CI)

(-)-Mitragynine
9-Methoxycorynantheidine
Indolo[2,3-a]quinolizine-2-acetic acid, 3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-, methyl ester, [2S-[2α(E),3α,12bβ]]-
Mitragynin

7-HYDROXYMITRAGYNINE
Corynan-16-carboxylic acid, 1,2,16,17-tetradehydro-2,7-dihydro-7-hydroxy-9,17-dimethoxy-, methyl ester, (7α,16E,20β)- (ZCI)
7-Hydroxymitragynine
7α-Hydroxy-7H-mitragynine
9-Methoxycorynantheidine hydroxyindolenine
Mitragynine hydroxyindolenine

D. Trade Names

KRATOM

M. speciosa is available online and in shops that sell equipment for smoking cannabis and tobacco ('head shops') and the derived products are often distinguished according to vein color, "provenance" (origin) and potency. Three kinds of kratom with varying leaves and potency have been described, for example, red veined (called "Kan daeng" in Thai), white veined (known as "Tang gua") and a third kind 'Yak yai', which have two small teeth-like formations near the apex of the leaf (Suwanlert, 1975)(Sukrong et al., 2007).

Several further types of kratom are present online with the following names (Raffa, 2014):

Premium kratom

Commercial grade kratom

Bali kratom

Enhanced Bali kratom

Ultra enhanced Indo (U.E.I.) kratom

Indo red vein, Malaysian kratom

Red vein Thai kratom

Green- or white-vein Thai kratom

Maeng Da kratom

White-veined Borneo kratom

New Guinea kratom

Java kratom

Sumatra red

The Rifat strain

The bumblebee strain

Red Riau

Green Riau.

According to other studies, the "strain" of kratom reporting the vein color actually corresponds to the leaf age (Braley and Hondrogiannis, 2020). For example, the red vein "strain" is younger and more potent compared to the mature green vein "strain", grows more abundantly in Southeast Asia and is slightly more persistent than other *M. speciosa* trees. The red-vein "strain" is marketed with several names including (Kratomgardens):

Borneo Red
Red Vein Sumatra
Pontianak Red Horn
Red Thai.

White vein kratom is known as (Kratomgardens):
White Vein Sumatra
Borneo White
Pontianak White Horn.

The green vein is described as a mix of the red and the white type and is called Malaysian Green or Pontianak Green Horn (Kratomgardens).

Todd et al. investigated the chemical composition of over 50 commercial kratom products, all with different names, belonging to the red, white and green vein "strains" (Todd et al., 2020).

E. Street Names

Kratom is the common term used for the *Mitragyna speciosa* leaf and products derived from the leaf. Street names in Southeast Asia include krathom, kakuam, ithang or thom (Thailand), biak-biak or ketum (Malaysia), and mambog (Philippines). Kratom "cocktail" refers to a decoction of kratom leaves mixed with another beverage. In Germany, krypton refers to a mixture of kratom and O-demethyltramadol (Phillipp et al., 2011).

F. Physical Appearance

KRATOM

Marketed kratom products usually consist of light to dark green crushed or powdered dried leaves (EMCDDA, 2015). Moreover, vendors offer powdered, greenish or beige-brown preparations fortified with extracts from other leaves. Also, aqueous decoction of kratom leaves can be used to make paste-like extracts and dark brown kratom resin by partially or fully boiling down the water. Lastly, tinctures and capsules filled with powdered kratom are also supplied (EMCDDA, 2015).

Botanic description:

Kratom, commonly referred to *Mitragyna speciosa* (Korth.) Havil., is a tropical tree that grows in Thailand, Myanmar, Malaysia, Borneo, Sumatra, the Philippines, and New Guinea (Raffa, 2014). *Mitragyna* Korth. is a small genus of the Rubiaceae family. The genus *Mitragyna* belongs to the tribe Naucleeae of the subfamily Cinchonoideae (Razafimandimbison and Bremer, 2001).

The genus *Mitragyna* contains ten species, of which four species occur in Africa (*M. inermis, M. ledermannii, M. rubrostipulata, and M. stipulosa*), and six species in South and Southeast Asia, spread between India and New Guinea (*M. speciosa*, *M. tubulosa, M. rotundifolia, M. parvifolia, M. hirsuta, and M. diversifolia*).

The nomenclatures of *M. speciosa* have been changed by various authors over the years. First described by the Dutch botanist Pieter Willem Korthals (1807–1892) (Korthals, 1839), the genus was renamed and reclassified several times until George Darby Haviland gave the final name and classification in 1897 (Haviland, 1897).

M. speciosa is an evergreen tree that reaches 25-meter height and 0.6- to 0.9- meter diameter. It generally presents a straight trunk, a smooth and gray outer bark and a pinkish inner bark (Raffa, 2014). The petiolate leaves are generally dark glossy and green in color and elliptical in shape., and; they can reach 14-20 cm in length and 7-12 cm in width. They typically present 12-17 pairs of veins. The flowers are arranged in groups of three heads, one with a short peduncle head between two heads with longer peduncle. The heads have a diameter of 1.5-2.5 cm with a light hairy interfloral 4-6 mm long bracts. The flower calyx is about 2 mm long with 5 lobes. The corolla appears as funnel-shaped with an intense yellow color. The corolla tube measures 3.5-5 mm, while the corolla lobes are 2.5-3 mm long and hairless with a revolute margin and a distinct ring of hairs within the base of the lobes.

The fruiting heads are 2-3 cm wide, with 10 ribbed fruits of 7-9 mm length and 4-5 mm width. They contain numerous flat seeds, which are about 1 mm long with a 1-2 mm paper wing at each end (Raffa, 2014, Haviland, 1897, Ridley, 1923).

Synonyms for *Mitragyna speciosa* Korth. (Havil.) (Raffa, 2014):

Nauclea korthalsii Steud.; *Nauclea luzoniensis* Blanco; *Nauclea speciosa* (Korth.) Miq.; *Stephegyne speciosa* Korth.

Common names used for *Mitragyna speciosa* Korth. (Havil.) (Raffa, 2014):

Indonesia: kadamba (Kelantan), puri (Batak Toba, Sumatra), keton

Malaysia: biak, biak-biak, ketum, kutum, pokok biak, pokok ketum, sepat (Sabah)

Myanmar: beinsa, bein-sa-ywat

Philippines: mambog (Tagalog), lugub (Mandaya), polapupot (Ibanag)

Thailand: ithang (central), thom (peninsular), bai krathom, gratom, kakaum, katawn, krathawm, kratom, kraton

Vietnam: giam d[ef]p, giam l[as] nh[or].

Marketed kratom products:

A mix of kratom extract combined with codeine or diphenhydramine containing cough syrup, soda, ice, and potentially other pharmaceuticals, drugs, or chemicals, is referred to as "4x100" (Tungtananuwat and Lawanprasert, 2018, Ahmad and Aziz, 2012, DEA, 2019). Kratom is often sold for recreational use as either whole or crushed leaves, leaf powder, encapsulated powder, concentrated extracts (5x to 100x), solid resin or tinctures. Kratom extracts or raw material are also used as dietary ingredients as part of dietary supplements (Hilmas and Fabricant, 2014). Lastly, live plants and seeds are also available online (Raffa, 2014).

MITRAGYNINE

White, amorphous crystals (EMCDDA, 2015)

7-HYDROXYMITRAGYNINE

Amorphous powder (Horie et al., 2005).

G. WHO Review History

Kratom has not been formally reviewed by WHO and is not currently under international control. Kratom has been under ECDD surveillance due to country level reports of the abuse liability of its main psychoactive ingredient, mitragynine, and from international organization reports regarding reported fatalities. A pre-review was initiated following a proposal from an international organization with supporting information regarding fatalities due to kratom use.

2. Chemistry

A. Chemical Name

IUPAC Name:

KRATOM

Not applicable

MITRAGYNINE

Methyl (E)-2-[(2S,3S,12bS)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate

7-HYDROXYMITRAGYNINE

Methyl (2E)-2-[(2S,3S,7aS,12bS)-3-ethyl-7a-hydroxy-8-methoxy-1,2,3,4,6,7,7a,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate

CA Index Name:

KRATOM
Not applicable

MITRAGYNINE

Indolo[2,3-a]quinolizine-2-acetic acid, 3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-, methyl ester, (αE,2S,3S,12bS)- (9CI, ACI)

7-HYDROXYMITRAGYNINE

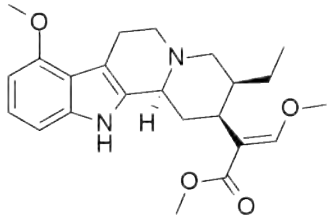
Indolo[2,3-a]quinolizine-2-acetic acid, 3-ethyl-1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)-, methyl ester, (αE,2S,3S,7aS,12bS)- (9CI, ACI)

B. Chemical Structure

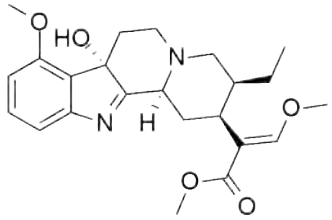
Free base:

KRATOM
Not applicable

MITRAGYNINE



7-HYDROXYMITRAGYNINE



Molecular Formula:

KRATOM: Not Applicable

MITRAGYNINE: $C_{23}H_{30}N_2O_4$

7-HYDROXYMITRAGYNINE: $C_{23}H_{30}N_2O_5$

Molecular Weight:

KRATOM: Not Applicable

MITRAGYNINE: 398.50 g/mol

7-HYDROXYMITRAGYNINE: 414.50 g/mol

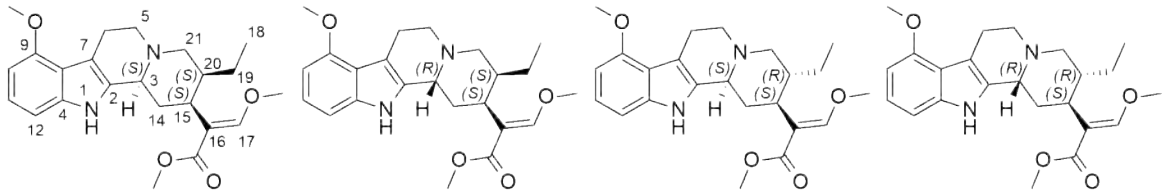
C. Stereoisomers

KRATOM

Not Applicable

MITRAGYNINE

The presence of three stereogenic centers and an *E-Z* isomerism in the double bond on the methoxy acrylate group lead to the possibility of 16 different stereoisomers. However, only four stereoisomers occur naturally in *M. speciosa*: mitragynine, which has the 3*S*,15*S*,20*S* configuration (1); speciociliatine 3*R*,15*S*,20*S* (2), speciogynine 3*S*,15*S*,20*R* (3), and mitraciliatine 3*R*,15*S*,20*R* (4) (Figure 1). The *E*- stereochemistry is always present in the double bond on the C-15 methoxy acrylate group in mitragynine stereoisomers isolated from *M. speciosa* (Ramanathan et al., 2021). Of these four stereoisomers, mitragynine (1) is the most abundant, reaching up to 66% of the total alkaloid content in kratom leaves, while speciociliatine (2) and speciogynine (3), combined together, account for an average of 8-9%. Mitraciliatine (4) is the least abundant, with less than 1% of the total alkaloid content (Ramanathan et al., 2021)(Figure 1).

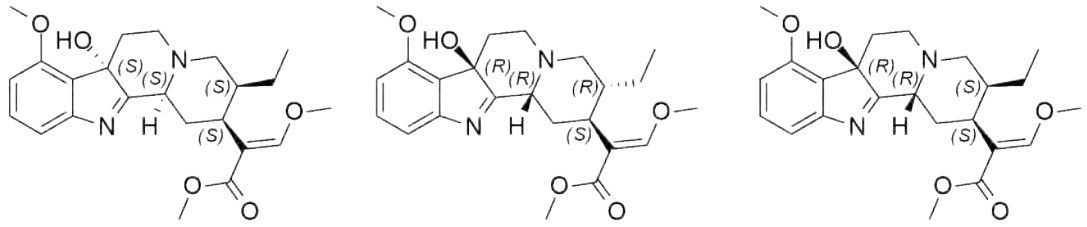


Mitragynine (1) **Speciociliatine (2)** **Speciogynine (3)** **Mitraciliatine (4)**

Figure 1. Naturally occurring stereoisomers of mitragynine. Atom numbering is shown in the main component (1). Absolute configurations are indicated.

7-HYDROXYMITRAGYNINE

The presence of four stereogenic centers and an *E-Z* isomerism in the double bond on the methoxy acrylate group generate 32 potential stereoisomers, but only three are found in *M. speciosa*: 7-hydroxymitragynine, which has the 3*S*,7*S*,15*S*,20*S* configuration (5), 7-hydroxyspeciociliatine 3*R*,7*R*,15*S*,20*S* (6), and 7-hydroxymitraciliatine 3*R*,7*R*,15*S*,20*R* (7), all presenting the *S*- configuration and the *E*- stereochemistry in the double bond on the C-15 methoxy acrylate group (Ramanathan et al., 2021).



7-Hydroxymitragynine (5) **7-Hydroxymitraciliatine (6)** **7-Hydroxyspeciociliatine (7)**

Figure 2. Naturally occurring stereoisomers of 7-hydroxymitragynine. Absolute configurations are indicated.

D. *Methods and Ease of Illicit Manufacturing*

KRATOM

Chemical composition

Most studies of the chemical composition of Kratom are focused on the alkaloids resulting in the isolation of at least 54 alkaloids from the plant (Flores-Bocanegra et al., 2020). Other secondary metabolites like flavonoids, terpenoid saponins, polyphenols, and glycosides have also been isolated or identified in kratom. The main psychoactive components, which are exclusive of *Mitragyna speciosa*, are mitragynine and 7-hydroxymitragynine and are found in the leaves.

The total alkaloid content in dried leaves ranges from 0.5-1.5 %. The most abundant compounds are represented by indoles, mainly of the corynanthe type, which can be found in tetra- or penta-cyclic rings. Hydroxy or methoxy group at C-9, unsaturation at C-3, C-5, or C-18, hydroxylation at C-7, and various configurations at C-3, C-7, and/or C-20 can be encountered in indole and oxindole alkaloids (Flores-Bocanegra et al., 2020).

Mitragynine (1) is the major alkaloid in the kratom plant, reaching up to 66% of the total alkaloid content, and was initially isolated by Field in 1921 (Field, 1921), but only in 1965 its structure was definitely elucidated (Ramanathan et al., 2021, Beckett et al., 2009) and the absolute stereochemistry confirmed by X-ray crystallographic analysis. It is reported that its concentration varies according to plant organ and origin, but also to genetic and morphogenetic factors, plant defense system against pathogenic attacks, light, UV exposure, moisture, temperature, soil microorganisms, soil fertility, salinity, storage conditions (Brown et al., 2017, Tanko et al., 2005).

Mitragynine presents the corynanthe-type skeleton with a tetracyclic tetrahydro-β-carboline, four-cycles with a methoxyl substitution at C-9, an ethyl group at C-20, and a β-methoxy acrylate moiety at C-15 (Tong et al., 2019).

Paynantheine is described as the second major alkaloid accounting for 10% of the total alkaloid content. On average, 7α-hydroxymitragynine(5) (Figure 2),makes up less than 2% of the alkaloid content (Kruegel et al., 2019).

Oxindole alkaloids are biosynthesized from indole alkaloids through an oxidative rearrangement (Lopes et al., 2019). They are found in *Mitragyna* species and other Rubiaceae species such as *Uncaria* (Heitzman et al., 2005).

The presence of fungi or bacteria can affect the presence and concentration of alkaloids within the plant. For example, *M. speciosa* root cultures infected with Agrobacterium rhizogenes generated more mitragynine than not infected plants (Phongprueksapattana et al., 2008). Another reported spirocyclic oxindole is the mitragynine pseudoindoxyl, which is a major transformation product when the fungus *Helminthosporium* sp. feeds upon mitragynine (Yamamoto et al., 1999).

Flavonoids and flavonols have been also identified in *M. speciosa* leaves, including apigenin and its 7-glycosides, along with quercetin and its glycosides (quercitrin, rutin, isoquercitrin, hyperoside, and quercetin-3-galactoside-7-rhamnoside, kaempferol, and its 3-glucoside derivative, and epicatechin). Other phenolic compounds include caffeic acid and chlorogenic acid, 1-O-feruloyl-β-D-glucopyranoside and benzyl-β-D-glucopyranoside (Raffa, 2014, Hinou and Harvala, 1988).

Sitosterol, stigmasterol, and daucosterol are phytosterols that are reported in *M. speciosa* (Phongprueksapattana et al., 2008).

The leaves of *M. speciosa* also contain the monoterpenes 3-oxo-α-ionyl-O-β-D-glucopyranoside and roseoside and secoiridoid glycosides such as vogeloside and epivogeloside (Raffa, 2014).

Adulteration

Preparation of kratom products intended for sale can involve adulteration of the original material. In2011 it was reported that products were sold in Germany and Sweden

under the name 'Krypton', which were 'enhanced' kratom preparations containing caffeine and synthetic O-desmethyltramadol (ODT)(EMCDDA, 2015, Arndt et al., 2011, Kronstrand et al., 2011).

In 2016 a research article reported concentrations of 7-hydroxymitragynine suspiciously much higher than those found in raw *M. speciosa* leaves in several commercial Kratom products suggesting likely artificial addition of this compound (Lydecker et al., 2016).

Alkaloid extraction

Alkaloids from *Mitragyna* are generally extracted from raw material by methanol, ethanol or 2-propanol), alcohol-chloroform mixture or alcohol–water mixture by maceration, sonication, or the Soxhlet technique. The crude extract undergoes an acid-base purification to yield the alkaloid fraction (Raffa, 2014, Chan et al., 2005).

Other techniques employed are ultrasound-assisted extraction, microwave-assisted extraction, and supercritical carbon-dioxide extraction, which show an increased yield in alkaloids extraction compared to other techniques (Orio et al., 2012).

MITRAGYNINE

Several total syntheses of mitragynine (1) (Figure 1) have been developed (Takayama et al., 1995) (Ma et al., 2009) (Sun and Ma, 2011) (Kerschgens et al., 2012) (Kruegel et al., 2016), but are too complex to be used for economic production of this alkaloid (EMCDDA, 2015). These reported total syntheses require too many steps and provide the final product in very low yields. Moreover, they can be performed only in well-equipped chemical laboratories by well trained personnel. According to the literature records, extraction of the compound seems to be more convenient.

7-HYDROXYMITRAGYNINE

7-hydroxymitragynine can be obtained from mitragynine by a single step chemical reaction. In 2002 Takayama et al. reported that the treatment of mitragynine with lead tetraacetate .and subsequent alkaline hydrolysis led to 7-hydroxy-7*H*-mitragynine in good yield (Takayama et al., 2002).

In 2016 Kruegel et al. reported that mitragynine was easily oxidized to 7-hydroxymitragynine (7-OH) employing the hypervalent iodine species [bis(trifluoroacetoxy)iodo]benzene (PIFA), or by irradiation with visible light in the presence of rose bengal, under air or pure O2 atmosphere (Kruegel et al., 2016). Interestingly, it was also found that room temperature and sunlight cause the conversion of mitragynine into its 7-hydroxy derivative, with no need for the addition of an external agent, albeit in low yield (8% by NMR) (Kruegel et al., 2016). Therefore, it is conceivable that a similar process occurs in the plant itself, or more likely, in dry leaf material that has been exposed to air for prolonged time, with strongly colored phytochemicals (e.g., porphyrins) serving as a substitute for rose bengal. This phenomenon may account for the observation of 7-OH in

some samples of *Mitragyna speciosa*. In 2019 Kruegel et al. reported that also singlet oxygen and potassium peroxymonosulfate (Oxone) were effective oxidants for the conversion of mitragynine into 7-hydroxymitragynine (Kruegel et al., 2019).

E. Chemical Properties

Melting point

KRATOM

Not applicable.

MITRAGYNINE

It forms white, amorphous crystals that melt at 102-106 °C. The melting point of mitragynine hydrochloric acid salt is 243°C; the picrate melts at 223-224 °C and the acetate at 142 °C (Arndt et al., 2011).

Amorphous crystals of mitragynine show an optical rotation [α]D = −126 (c. 0.66, $CHCl_3$) (or −128 (c. 1.2, $CHCl_3$)) (Kerschgens et al., 2012).

7-HYDROXYMITRAGYNINE

No information could be identified.

Amorphous powder of 7-hydroxymitragynine show an optical rotation [α]D = +47.9 (c. 0.55, $CHCl_3$) (Horie et al., 2005).

Boiling point

KRATOM

Not applicable.

MITRAGYNINE

Mitragynine distils at 230-240 °C at 5 mmHg (EMCDDA, 2015).

7-HYDROXYMITRAGYNINE

No information could be identified.

Solubility

KRATOM

Not applicable.

MITRAGYNINE

Mitragynine is insoluble in water; it is soluble in conventional organic solvents like acetone, acetic acid, alcohols, chloroform and diethyl ether forming fluorescent solutions. The solubility limit of mitragynine was measured in aqueous solution at pH 4 and pH 7 to be 130 and 83 µM, respectively (Kong et al., 2017a). Mitragynine has a LogP (partition coefficient) of 1.73 and a pK_a of 8.11±0.11 (Ramanathan et al., 2015).

7-HYDROXYMITRAGYNINE

No information could be identified.

Stability of kratom alkaloids

Recently, Basiliere and Kerrigan reported the short-term stability of mitragynine, 7-hydroxymitragynine, speciociliatine, speciogynine and paynantheine over a range of pH (2-10) and temperature (4-80 °C) over 8 hours (Basiliere and Kerrigan, 2020b). All of the *Mitragyna* alkaloids studied were acid labile. Hydrolysis of the methyl ester occurs under alkaline conditions to produce 16-carboxymitragynine. 7-hydroxymitragynine is reported to be the most unstable alkaloid studied, with significant drug loss after 8 hours at 40 °C and above. No significant drug losses were observed for mitragynine in aqueous solution (pH 2-10) at 4, 20 or 40 °C. Diastereoisomers of mitragynine (speciociliatine and speciogynine) demonstrated even greater stability (Ponglux et al., 1977, Lersten and Horner, 2011).

F. Identification and Analysis

KRATOM

Botanical identification of Kratom

M. speciosa can be identified macroscopically by examining the leaf, which is elliptic to ovate, with the apex shortly pointed and the base rounded to cordate (Ramanathan et al., 2021). However, macroscopic identification can be misleading as the leaves from plants of the same tribe or genus such as *Uncaria homomalla* and *M. diversifolia* are very similar (Ramanathan et al., 2021) (Brown et al., 2017, Ponglux et al., 1977). Therefore, a chemical analysis can be resolutive.

Microscopic identification of eight *Mitragyna* species (but not *M. speciosa*) was reported by examination of calcium oxalate crystals concretions but these studies were based on limited samples (Lersten and Horner, 2011).

In 2007 Sukrong et al. showed that sequences from the nuclear internal transcribed spacer region can be used to differentiate *M. speciosa* from related species by the polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) method (Sukrong et al., 2007).

Recently, a highly specific and selective assay based on DNA bar coding was reported for the detection of kratom products. The assay employs the matK nucleotide signature site as a marker for the discrimination of *M. speciosa* from other mitragyna species (Jaipaew et al., 2018).

In 2021, a DNA bar coding combined with high-resolution melting (Bar-HRM) analysis method was developed to differentiate *M. speciosa* from other related *Mitragyna* species. The authors proposed the Bar-HRM analysis as a simple method for the investigation of *M. speciosa* to be used in routine forensic analysis (Tungphatthong et al., 2021).

Chemical analysis of kratom

Numerous analytical methods have been reported in the literature for the identification and quantification of kratom alkaloids, particularly mitragynine, in a wide range of samples, including commercial samples, raw plant material and biological specimens. Commercial standards of mitragynine and its stereoisomers speciogynine, mitraciliatine, speciociliatine, its hydroxylate derivative 7-hydroxymitragynine, as well as deuterated mitragynine and 7-hydroxymitragynine, are available. Some other indole and oxindole kratom alkaloids are sold as analytical standards, although Flores-Bocanegra et al. reported that in some cases pure commercial standards turned out to be either mixtures or even a completely different compound (Flores-Bocanegra et al., 2020).

Chromatographic methods, and in particular liquid chromatography, are the most commonly employed for the analysis of *M. speciosa* alkaloids. A detailed description of the analytical methods is provided below according to the technique chosen.

Thin Layer chromatography (TLC)

Kratom alkaloids can be separated by TLC on silica gel plates and detected under a UV lamp (254 nm). A mobile phase composed of hexane/ethyl acetate/25% ammonia solution (30:15:1, v/v/v) provides an Rf value of mitragynine of 0.49 (Kowalczuk et al., 2013). Spraying with either modified Ehrlich's reagent or ferric chloride-perchloric acid reagent, mitragynine can be detected as purple or gray-to-brown spots, respectively (Lydecker et al., 2016).

Gas chromatography (GC)

The first GC method for the analysis of mitragynine in kratom was published in 2005 (Orio et al., 2012), but the identification of mitragynine was given only by comparison of experimental mass spectra with library spectra.

Philipp et al. in 2011 developed a GC-MS method for the analysis of kratom and/or Krypton in urine by trimethylsilylation to increase the volatility of the alkaloids (Philipp et al., 2011a).

Cornara et al. in 2013 described a GC-MS method for the analysis of underivatized mitragynine and other alkaloids in kratom (Cornara et al., 2013).

Wang et al. in 2014 compared three chromatographic methods coupled to two detection systems, GC with MS, supercritical fluid chromatography with diode array detection (DAD), and HPLC with MS and DAD, for the analysis of mitragynine and other structurally related alkaloids in *M. speciosa* plants (Wang et al., 2014). The authors concluded that the GC method was unable to resolve the two diasteroisomers mitragynine and speciociliatine, which also give identical electron impact mass spectra. This issue could be overcome only by applying derivatization. Moreover, there is the limitation of the temperature range available for method optimization.

Mohd et al. published a GC-MS method for the determination of mitragynine in three Malaysian *M. speciosa* samples employing ultrasonic assisted extraction (UAE) (Sanagi et al., 2013).

Basiliere et al. suggested that GC methods lacked overall sensitivity (limit of detection (LOD) of about 50 ng/mL), thus being unable to quantify the alkaloids in biological specimens (Basiliere et al., 2018).

Liquid chromatography (LC)

LC-UV

HPLC and UHPLC (ultrahigh) methods have proven to provide the highest accuracy in the discrimination of structurally similar kratom alkaloids (Ramanathan et al., 2021).

An HPLC-DAD method was developed to identify and quantify mitragynine, along with caffeine, codeine, chlorpheniramine and phenylephrine in a “kratom cocktail,” a drink prepared by mixing boiled kratom leaves, carbonated cola beverages, antitussive syrup, coffee, and codeine (Chittrakarn et al., 2012).

Parthasarathy et al. reported a HPLC-DAD method to quantify mitragynine from raw material (Parthasarathy et al., 2013).

Mudge et al. reported in 2017 an HPLC-UV validated method for the qualitative and quantitative analysis of mitragynine and 7α-hydroxymitragynine in solid and liquid commercial kratom products (Mudge and Brown, 2017).

Parthasarathy et al. reported in 2010 a solid phase extraction method for HPLC-UV etermination of mitragynine in rat plasma. The method had limit of quantification (LOQ) of 50 ng/mL (Parthasarathy et al., 2010).

Neng et al. developed an extraction method of mitragynine from human urine using a bar adsorptive microextraction, consisting of a modified N-vinylpyrrolidone polymer sorbent phase combined with liquid desorption and followed by analysis by HPLC-DAD (BAμE–LD/HPLC–DAD) (Neng et al., 2015).

LC-MS

Liquid chromatography-based methods are the most widely employed for the determination of kratom alkaloids as they allow for a good resolution of mitragynine isomers and have a high sensitivity, which is a key factor for the qualitative and quantitative determination of trace amounts of such compounds found in biological specimens. Since metabolites of mitragynine are not yet commercially available, the assessment of kratom use in forensic toxicology specimens is currently evaluated by the analysis of the parent drug and related alkaloids. As reported in a study of mitragynine concentrations in urine from fifty recreational kratom users, values covered a broad dynamic range (1-50,000 ng/mL) (Le et al., 2012). For forensic investigations, it is important to have analytical methods capable of detecting low ng/mL concentrations.

LC-MS methods were developed for the simultaneous determination of mitragynine, 7-hydroxymitragynine, speciogynine, speciociliatine, and paynantheine in both raw material and commercial kratom products (Kikura-Hanajiri et al., 2009). Some methods are able to reach very high sensitivities up to 0.02 ng/mL and 0.1 ng/mL for the LOD and LOQ of mitragynine, respectively (Lu et al., 2009).

The LC technique was also coupled to low- and high-resolution mass spectrometry (LC-HRMS) to identify phase I and II metabolites of speciogynine in rat urine after the administration of a high dose of the pure alkaloid and in human urine after kratom use (Philipp et al., 2010a). The same method was applied to paynantheine (Philipp et al., 2010b), speciociliatine (Philipp et al., 2011b), mitraciliatine and isopaynantheine (Philipp et al., 2011c) and their metabolites in rat urine after administration of the pure alkaloids showing that they matched the metabolites detected in the urine of kratom users.

An LC-MS/MS method was able to detected O-desmethyltramadol besides kratom alkaloids in urine of a woman after consumption of “Krypton”, a mixture of kratom and O-desmethyltramadol (Arndt et al., 2011).

Mitragynine was also detected in post-mortem urine and blood samples by LC-MS/MS (Holler et al., 2011) after hydrolysis with glucuronidase and sulfatase and extraction with n-butyl chloride prior to analysis. The method was also applied to other specimens including liver, vitreous humor, kidney, spleen, lung, bile, and heart,) with the latter being the only specimen in which mitragynine was not detected.

A method using solid phase extraction (SPE) and LC-MS/MS to detect and quantify mitragynine, 16-carboxy mitragynine, and 9-O-demethyl mitragynine in human urine was also developed (Lee et al., 2018).

Recently, a simultaneous quantification in marketed products of 10 kratom alkaloids (corynantheidine, corynoxine, corynoxine B, 7-hydroxymitragynine, isocorynantheidine, mitragynine, mitraphylline, paynantheine, speciociliatine, and speciogynine) using an UHPLC MS-MS method was reported by the Avery group (Sharma et al., 2019). The LOQ was 1 ng/ml. The method was applied to the quantification of kratom alkaloids in alkaloid-rich fractions, ethanolic extracts, lyophilized teas, and commercial products. The most abundant alkaloids were mitragynine (0.7-38.7% w/w), paynantheine (0.3-12.8%), speciociliatine (0.4-12.3%), and speciogynine (0.1-5.3%). Minor kratom alkaloids like corynantheidine, corynoxine, corynoxine B, 7-hydroxymitragynine, isocorynantheidine were found in the range 0.01%-2.8% (w/w). However, mitraphylline was below the LOQ in all analyses. The

same group also developed an HPLC method for the quantification of mitragynine in kratom leaf extracts and a multiple reaction mode based UPLC-MS/MS method for the quantification of the same alkaloid in rat plasma (Avery et al., 2019).

Speciociliatine and speciogynine were investigated as alternative biomarkers of kratom use in urine, as they often exceeded the concentration of mitragynine in unhydrolyzed urine (Basiliere and Kerrigan, 2020a).

Recently, a method for the detection of mitragynine and 7-hydroxymitragynine with LC-MS/MS in hair samples with LOQs of 4 pg/mg and 30 pg/mg, respectively, was developed (Meier et al., 2020).

Supercritical fluid chromatography (SFC)

Three chromatographic techniques, GC-MS, SFC-DAD, and LC coupled either to DAD or MS, were compared for the analysis of the indole alkaloids paynantheine, 3-isopaynantheine, mitragynine, speciogynine, and speciociliatine, and the oxindole alkaloids corynoxine and corynoxine B in *M. speciosa* plants (Wang et al., 2014). LC and SFC were able to resolve the major components with slightly different elution orders. On the other hand, the GC method failed to resolve the diasteroisomers mitragynine and speciociliatine.

Capillary electrophoresis (CE)

Non-aqueous capillary electrophoresis (NACE) interfaced to an MS detector was successfully employed to separate a large number of diastereomeric compounds in alkaloid mixtures from a plant extract of *M. speciosa* (Posch et al., 2012). In this separation technique, background electrolytes often consist of a mixture of methanol and acetonitrile (ACN) with soluble ammonium salts added as electrolyte. Posch et al. used a mixture of glacial acetic acid and can, thus creating an acidic background electrolyte with a very low dielectric constant. The addition of ammonium formate as electrolyte and variation of the solvent ratio led to significant changes in selectivity and resolution necessary for the separation of structurally closely related indole alkaloids including diastereomers upon (Posch et al., 2012).

DART

A direct analysis in real time-mass spectrometry (DART-MS) method was developed by Lesiak et al. for the rapid identification of *M. speciosa* plant material and discrimination from other plants (Lesiak et al., 2014). Moreover, *M. speciosa* plant varieties were also analyzed and classified according to their chemical profile.

Fowble et al. developed DART-HRMS method for the quantification of mitragynine and 7-hydroxymitragynine in 16 online commercially available kratom products (Fowble and Musah, 2019). The linear range was 5-100 µ/mL, the LOQ was 5 µg/mL, and the mitragynine concentrations in these samples ranged from 2.76 to 20.05 mg/g of dried plant material. The advantage of using a DART system lies in the straightforward analysis of raw plant material as such with no sample preparation steps (Fowble and Musah, 2019, Lesiak et al., 2014).

Ion mobility spectrometry (IMS)

Fuenffinger et al. developed an IMS method for the quantification of mitragynine in 15 commercial samples and compared the results with those obtained by an LC-MS/MS method (Fuenffinger et al., 2017). The LOD was 0.5 ng. Mitragynine was detected in 14 of 15 samples using LC-MS/MS and 13 of 15 samples using IMS as in one sample the compound was below the LOD.

Raman and portable devices

Surface-enhanced Raman spectroscopy (SERS) was used to detect mitragynine in *M. speciosa* samples Lanzarotta et el. (Lanzarotta et al., 2020). The advantage of the method is of the possibility to be applied by non-expert users. Over 100 samples and blanks were examined in duplicate using five identical handheld Raman spectrometers with the same method, which provided a false-positive rate of 2.1% and a false-negative rate of 0.7%. The LOD of mitragynine was 342 ng/mL (ppb). The method is ideal for preliminary screening test of mitragynine that can be then confirmed by other more time-consuming laboratory-based techniques.

In another record, DART with thermal desorption MS (DART-TD-MS), hand-held MS, portable ion mobility spectrometry (IMS), and portable Fourier-transform IR spectroscopy (FT-IR) were tested as field screening techniques for the detection of mitragynine in food and drug products and the results were compared to those obtained with laboratory techniques like LC-MS, HPLC-UV, and GC-MS (Voelker et al., 2021). The methods developed were applied to 96 kratom products, including capsules, bulk powder, and bulk plant material. The results suggested that the four portable devices provided a rapid detection of mitragynine in chloroform extracts and/or analysis of solid sample material in kratom matrices. The DART-TD-MS and IMS can be easily employed for the initial screening of materials because of very short analysis time and absence of sample preparation. Hand-held MS exhibited the highest false negative rate (6%). FT-IR, as well as the hand-held MS, requires extraction of the sample.

Immunological methods

Although chromatographic techniques have the advantages of good sensitivity, the separation step limits their routine use. Therefore, other screening and detection methods have been developed in recent years. For example, immunoassays are worldwide used for rapid screening or detection drugs in kratom preparations and biological fluids with the advantage of good sensitivity, simplicity and convenience (Schütz et al., 2006).

An issue that can be encountered with immunological assays is the potential cross-reactivity of the developed antibody against a specific kratom alkaloid with other alkaloids present in a sample (Limsuwanchote et al., 2017) (Lee et al., 2020).

An electrochemical immunosensor for the sensitive and rapid detection of mitragynine, using a modifier for the sensor based on multiwalled carbon nanotubes/chitosan nanocomposite was also developed (Mustafa et al., 2021). The detection of mitragynine resulted from an indirect competitive assay with 3,3′,5,5′-tetramethylbenzidine (TMB), which is the substrate in the enzymatic reaction of HRP-modified secondary antibody. The electrochemical immunosensor showed higher sensitivity

(10-fold) compared to conventional ELISA with a LOD of 0.018 µg/mL and a LOQ of 0.06 µg/mL.

MITRAGYNINE

Besides the methods developed for the analysis of mitragynine in kratom samples, the pure synthetic compound was obtained and characterized by NMR (Takayama et al., 1995, Ma et al., 2009, Sun and Ma, 2011, Kerschgens et al., 2012, Kruegel et al., 2016), HRMS (Sun and Ma, 2011), [α]D (Takayama et al., 1995, Kruegel et al., 2016) and elemental analysis (Ma et al., 2009).

7-HYDROXYMITRAGYNINE

Besides the methods developed for the analysis of 7-hydroxymitragynine in kratom samples, the pure synthetic compound was obtained and analysed by NMR (Kruegel et al., 2016, Takayama et al., 2002) and both EI-MS and HRMS (Takayama et al., 2002).

3. Ease of Convertibility Into Controlled Substances

KRATOM

It is not known from the literature that kratom can be converted into a controlled substance.

MITRAGYNINE

It is not known from the literature that mitragynine can be converted into a controlled substance. As reported above (*Section 2. Chemistry, subsection D. Methods and Ease of Illicit Manufacturing*), mitragynine can be converted into the bioactive 7-hydroxymitragynine in only one step (Kruegel et al., 2019, Kruegel et al., 2016, Takayama et al., 2002). However, 7-hydroxymitragynine is not listed as a controlled substance.

7-HYDROXYMITRAGYNINE

It is not known from the literature that 7-hydroxymitragynine can be converted into a controlled substance.

4. General Pharmacology

Kratom is the common term for *Mitragyna speciosa*, a tree native to Southeast Asia, including Myanmar, Thailand, Malaysia, Indonesia, New Guinea, and the Philippines. The indigenous population has used kratom leaves and derived products for centuries as an herbal medicine to treat pain, cough, diabetes, diarrhea, fever, and as a wound poultice, to enhance sociability and sexual desire, and to increase energy and decrease fatigue (especially among manual workers) (Singh et al., 2016). More recently, kratom has been used as an opioid substitute and to treat opioid withdrawal. Lower doses (1-5 g p.o. of plant material) reportedly have stimulant-like effects, while higher doses (concentrated products such as kratom extracts or >5 g p.o. of plant material) have opioid-like effects (Toce et al., 2018). Kratom use has spread to the United States and Western Europe over the past two

decades, chiefly to self-medicate pain and opioid withdrawal and as a substitute for opioids (Singh et al., 2016).

Kratom contains more than 50 different alkaloids but only two indole alkaloids, mitragynine and its active metabolite 7-hydroxymitragynine (Kruegel et al., 2019), have been well characterized pharmacologically (Todd et al., 2020; Zhou et al., 2021). A third alkaloid, mitragynine pseudoindoxyl, is not found in the plant but is a metabolite of 7-hydroxymitragynine and active *in vitro* at the mu-opioid receptor (Kamble et al., 2020). Mitragynine comprises up to two-thirds of the total alkaloid content and is considered primarily responsible for the pharmacological actions of kratom. 7-Hydroxymitragynine comprises 1% or less of kratom alkaloids in the leaf, but is often present in higher concentration in processed kratom products sold commercially (Lydeker et al., 2016). Kratom grown experimentally in the US may have a lower mitragynine content than kratom grown in Thailand (Leon et al., 2009).

A. Routes of administration and dosage

Kratom is almost always taken orally in several forms. In Southeast Asia, typical formulations include chewing raw leaves, ingesting powdered leaves, or using leaves or leaf-extract to brew tea or create a decoction (boiling the leaves for several hours) (Singh et al., 2016; Singh et al., 2017). Kratom decoction is often mixed with another beverage (e.g., cola, cough syrup) to create a kratom "cocktail," in part to hide its bitter taste (Singh et al., 2016; Singh et al.,, 2017). In the United States and Western Europe, kratom is commonly taken as a powder dissolved in a beverage or in a capsule or tablet (Garcia-Romeu et al., 2020; Grundmann, 2017; Singh et al., 2016). Mitragynine and 7-hydroxymitragynine have been found in resins and liquids sold online for use in electronic drug delivery devices (so-called "e-cigarettes") (Pearce et al., 2020).

In the absence of accurate labeling of kratom products, it is impossible to know the actual doses of kratom alkaloids ingested by kratom users. In Southeast Asia, surveys of convenience samples of kratom users suggest that a typical daily dose of liquid formulations (tea, decoction) is 3-6 glasses/day, containing an estimated 200-400 mg of mitragynine (Ahmad and Aziz, 2012; Saref et al., 2019). In the US, surveys of convenience samples of kratom users suggest that a typical daily dose of powder formulations is 2-6 g/day, although heavy users may ingest up to 20 g/day (Garcia-Romeu et al., 2020; Grundmann, 2017).

B. Pharmacokinetics

a. Animal studies

Oral mitragynine (20-50 mg/kg) in rats has a mean T_{max} of 1.3-4.5 hours, mean C_{max} of 400-700 ng/mL, and mean half-life of 3.3-9.4 hours (Avery et al., 2019; Ramachandram et al., 2020; Ya et al., 2019). Mean oral bioavailability was 17% and 3% (Avery et al., 2019; Parthasarathy et al. 2010). Oral dosing of rats with lyophilized kratom tea or organic extract of kratom tea (equivalent of 20 mg/kg mitragynine) generated T_{max} of 0.3 and 1.0 hours, respectively, C_{max} of 0.55 and 0.66 ng/mL, respectively, and oral bioavailability of 25.1% and 31.2%, respectively(compared to 17.0% with pure mitragynine) (Avery et al., 2019).

Oral mitragynine (5 mg/kg) in beagle dogs has a T_{max} of 0.3 (±0.1) hours, C_{max} of 278 (±47,4) ng/mL, half-life of 8.7 (±0.2) hours, and bioavailability of 69.6% (Maxwell et al., 2020).

A rat study found that intravenous mitragynine readily crosses the blood-brain barrier, with a T_{max} and half-life comparable to that in plasma (Kong et al., 2017b). We are not aware of any human studies regarding the blood-brain barrier.

b. Human studies

There are two published human studies of oral kratom pharmacokinetics, both in young adult men living in Southeast Asia who used kratom daily for at least 0.5 years at the time of the study. One study gave kratom tea (60 mL containing 6.25-11.5 mg mitragynine) daily for 7 days to 10 Thai men (mean [SD] body weight 77.3 [14.8] kg) (Trakulsrichai et al., 2015). Blood and urine samples were collected for 24 hours after a loading dose (equivalent of 6.25-23 mg mitragynine) given on the eighth day. Mitragynine mean (SD) T_{max} was 0.83 (0.35) hours and elimination half-life 23.24 (16.07) hours. The C_{max} varied linearly (R^2 = 0.677) with the loading dose: 18-30 ng/mL after 6.25 mg to 50-100 ng/mL after 20-23 mg. The second study gave 26 Malaysian men a single mitragynine dose of 1.6 mg/kg in the form of a kratom decoction containing 0.4-0.5 mg/mL mitragynine (Dr. Marek Chawarski, personal communication). Mitragynine mean (SD) T_{max} was 2.0 (0.8) hours (range 1-3 horus); C_{max} was 1884 (1056) ng/mL (range 829-5034 ng/mL) (Vicknasingam et al., 2020; Dr. Marek Chawarski, personal communication).

There are currently no human data on the oral bioavailability of mitragynine or 7-OH-mitragynine, either alone or as part of a kratom product. Given this lack of knowledge, and the known variability in oral bioavailability between rodents and beagle dogs (see above), it is impossible to accurately extrapolate to humans from the animal dosing of kratom and kratom alkaloids.

The overall effect of mitragynine on human liver cytochrome P450 activity remains unclear. Mitragynine inhibits three human liver cytochrome P450 enzymes (CYP2C9, CYP2D6, CYP3A) in human liver cells *in vitro* at 1µM concentration (Todd et al.2020). 7-Hydroxymitrigynine is a weaker inhibitor than mitragynine. A separate study found that mitragynine (1-25 µM) produced concentration-dependent increases in mRNA and protein expression and *in vitro* enzyme activity of CYP1A2, CYP2D6, and CYP3A4 in human liver cells *in vitro* (Lim et al., 2013). These *in vitro* findings suggest the possibility of clinically significant kratom-drug pharmacokinetic interactions with commonly used medications that are metabolized by these liver cytochromes, such as warfarin (CYP2C9), desipramine and dextromethorphan (CYP2D6), and benzodiazepines (CYP3A) (US Food and Drug Administration, 2020).

C. Pharmacodynamics

a. Animal studies

Mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl are partial agonists at the human mu-opioid receptor, activating the G-protein-coupled intracellular

signaling –pathway while having little or no effect on the beta-arrestin pathway (Gutridge et al., 2020; Kruegel et al., 2016; Todd et al., 2020; Varadi et al., 2016; Zhou et al., 2021). This so-called mu-opioid receptor agonist bias has been proposed as conferring differential efficacy on mu-opioid receptor ligands. Ligands that preferentially activate the G-protein-coupled intracellular signaling pathway should have greater efficacy in producing analgesia and lesser efficacy in producing respiratory depression and physical dependence than ligands preferentially activating the beta-arrestin pathway (De Neve et al., 2021; Faouzi et al., 2020). A mouse study found that mitragynine pseudoindoxyl, at subcutaneous doses equipotent with morphine for analgesia, was significantly less potent than morphine in generating tolerance or withdrawal, slowing gastrointestinal transit, causing respiratory depression, or rewarding behavior (Varadi et al., 2016). However, human studies with an experimental mu-opioid receptor biased analgesic (not kratom-derived) find limited evidence for significantly reduced adverse effects compared to standard opioid analgesics (Tan & Habib, 2021).

7-Hydroxymitragynine has a 5-23-fold greater affinity than does mitragynine at the mu-opioid receptor (depending on the binding assay used) (Obeng et al., 2020; Obeng et al., 2021; Todd et al., 2020; Varadi et al., 2016). Morphine has 8-10-fold greater affinity than does 7-OH-mitragynine (Obeng et al., 2021; Todd et al., 2020; Varadi et al., 2016). Mu-opioid receptor activation is the mechanism considered responsible for the majority of pharmacodynamic effects of kratom and its alkaloids that are observed in rodents and humans. Mitragynine and 7-hydroxmitragynine are also competitive antagonists at the human kappa- and delta-opioid receptors (Kruegel et al., 2016), with less affinity than at the mu-opioid receptor (Obeng et al., 2021; Yue et al., 2018).

7-OH mitragynine has 5-20-fold greater efficacy than does mitragynine for activating the β-arrestin pathway (i.e., intrinsic activity) at the mu-opioid receptor (Obeng et al., 2021; Todd et al., 2020; Varadi et al., 2016). Morphine has 3-fold greater intrinsic activity at the mu-opioid receptor than does 7-)H-mitragynine ((Obeng et al., 2021; Todd et al., 2020),

Mitragynine, but not 7-hydroxymitragynine, binds to alpha1- and alpha2-adrenergic receptors and serotonin-1A and -2A receptors (Ellis et al., 2020; Obeng et al., 2020). Mitragynine binds with low affinity to dopamine-D1 receptors on rat striatal membranes and not at all to dopamine-D2 receptors (Stolt et al., 2014). The functional significance of such binding remains unclear.

Kratom extracts, mitragynine, and 7-hydroxymitragynine have a variety of behavioral effects in rodents. Some effects are not observed consistently across studies, perhaps because of methodological differences in dose, type of kratom extract, route of administration, and timing of data collection (e.g., see motor activity below). Few studies evaluate a broad range of doses, so might miss effects at lower or higher doses or non-linear dose-response relationships. The most consistently observed effects are opioid-like (Prevete et al., 2021): analgesia (Chin et al., 2018), suppression of opioid withdrawal (Wilson et al., 2021), and inhibition of gastrointestinal transit (Avery et al., 2019).

Kratom extracts, mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl significantly reduce acute mechanical or thermal pain in rats and mice by the intracerebroventricular, intraperitoneal, subcutaneous, or oral route of administration (Chin et al., 2018; Wilson et al., 2020). The analgesic effect is blocked by pretreatment with mu-opioid receptor antagonists (Chin et al., 2018) and does not occur in knock-out mice lacking the mu-opioid receptor (Bhowmik et al., 2021; Stott et al., 2014; Wilson et al., 2020), suggesting a mu-opioid receptor mechanism of action. Repeated dosing generates tolerance to the analgesic effect and there is cross-tolerance among mitragynine, 7-hydroxymitragynine, and morphine (Chin et al., 2018). The relative analgesic potency of kratom alkaloids vs. conventional opioids remains uncertain because very few studies have compared the two using the same route of administration over a range of doses to establish equipotent doses. A rat study found that 100 mg/kg oral mitragynine had the same analgesic effect as 6 mg/kg oral oxycodone (Carpenter et al., 2016).

Kratom extracts, mitragynine, and 7-hydroxymitragynine suppress naloxone-precipitated opioid withdrawal in rodents by the intraperitoneal or oral route of administration (Cheaha et al., 2017; Harun et al., 2020; Wilson et al., 2020; Wilson et al., 2021).

Kratom extracts and mitragynine have inconsistent effects on motor activity in rodents. In several mouse studies, kratom extract decreased (mitragynine 0.5 mg/kg i.p. or p.o.) (Stolt et al., 2014), increased (mitragynine 7.4 mg/kg p.o.) (Wilson et al., 2020), or had no effect (50-200mg/kg p.o. methanolic extract or 5-20 mg/kg p.o. alkaloid extract) (Reanmongkol et al., 2007) on motor activity. In another study, mitragynine (30 mg/kg i.p.) had no effect (Matsumoto et al., 1997). In three rat studies, kratom alkaloid extract (60 mg/kg p.o.) had no effect (Cheaha et al., 2015), while mitragynine had no effect on (1-10 mg/kg i.p.) (Suhaimi et al., 2021) or increased (30 mg/kg i.p.) (Foss et al., 2020) motor activity. 7-Hydroxymitragynine (3 mg/kg i.p.) increased motor activity in male and female mice (Gutridge et al., 2020).

Kratom extracts and migragynine have a variety of non-opioid-like behavioral effects in rodents (Prevete et al., 2021). They reduce immobility in the forced swim test and tail suspension test, which are considered rodent models of anti-depressant action (Buckhalter et al., 2021; Idayu et al., 2011). Kratom extract significantly influences behavior in several mouse models of anti-psychotic action, including apomorphine-induced climbing behavior, haloperidol-induced catalepsy, and ketamine-induced social withdrawal (Vijeepanam et al., 2016). Kratom extracts in mice and rats reduce alcohol self-administration, alcohol reinforcement (conditioned place preference), alcohol-induced increase in dopamine concentration in the nucleus accumbens, and alcohol withdrawal (Gutridge et al., 2020; Kumarnsit et al., 2007; Vijeepallam et al., 2019). In rats, mitrogynine (10-30 mg/kg i.p.) attenuates the acquisition and expression of morphine conditioned place preference (Meepong et al., 2019) and reduces heroin self-administration but not methamphetamine self-administration (0.1-3.0 mg/kg i.p.) (Yue et al., 2018).

b. Human studies

In an observational study done in Britain in the early 1930's, five adult men given oral mitragynine acetate (50 mg once, or twice separated by two hours) or kratom (0.65 g or 1.3 g of powdered leaves) had reduced heat sensitivity and skin electrical resistance and dilatation of skin blood vessels (Grewal, 1932).

In a recent controlled clinical trial involving 26 Malaysian young adult men who were daily kratom users, a single oral dose of 1.6 mg/kg mitragynine (as a kratom decoction containing 0.4-0.5 mg/mL mitragynine [Dr. Marek Chawarski, personal communication]) doubled pain tolerance in the cold pressor test about one hour after ingestion (Vicknasingam et al., 2020). There was no change in pain threshold at two hours after ingestion.

5. Toxicology

a. Animal studies

In mice, the oral acute LD50 is 547.7 mg/kg or 477.1 mg/kg for mitragynine (Sabetghadam et al., 2013a; Smith et al., 2019), 173.2 mg/kg or 591.6 mg/kg for a kratom alkaloid extract (20-22% mitragynine) (Reanmongkol et al., 2007; Sabetghadam et al., 2013a) and 4.9 g/kg for kratom methanolic extract (Reanmongkol et al., 2007). Death is preceded by tremor, paralysis, apnea, and seizures, usually within one hour of administration (Reanmongkol et al., 2007; Sabetghadam et al., 2013a). 7-Hydroxymitragynine was not lethal at the highest dose administered (50 mg/kg), but respiratory depression and seizures were observed at the higher doses (Smith et al., 2019). The intravenous acute LD50 is 27.8 mg/kg for mitragynine and 24.7 mg/kg for 7-hydroxymitragynine (Smith et al., 2019). Death occurred by respiratory depression, usually within 10 minutes of administration. For comparison, the oral LD50 of morphing in mice is 600 mg/kg (Pfizer, 2017).

In rats, the oral LD50 was 4.9 g/kg for kratom methanolic extract and 173.2 mg/kg for kratom alkaloid extract (Reanmongkol et al., 2007). Mitragynine is acutely lethal at 100 mg/kg i.p., but not at 56 mg/kg i.p. (Obeng et al., 2021) and shows no toxicity at single oral doses up to 806 mg/kg (Macko et al., 1972). For comparison, the oral LD50 of morphine in rats is 461 mg/kg (Pfizer, 2017). Repeated oral dosing with 5 mg/kg/day or 50 mg/kg/day five days/week for 6 weeks or 1 mg/kg/day or 10 mg/kg/day for 4 weeks produces no toxicity (Macko et al., 1972; Sabetghadam et al., 2013b). Repeated oral dosing with 100 mg/kg/day for 4 weeks produces no death, tremor, or seizures, but decreases food intake and body weight and increases liver transaminase and blood urea nitrogen levels in female rats and reduces red and white blood cell counts in both female and male rats (Sabetghadam et al., 2013b). Histopathological examination of internal organs shows abnormalities in the liver and neuronal damage (but no axonal changes) in the medulla, hippocampus, frontal cortex, and cerebellum. There were no inflammatory changes or hemorrhage. A single oral dose of kratom methanolic extract (up to 1000 mg/kg) produces no acute toxicity (Harizal et al., 2010). Repeated oral dosing with a kratom methanolic extract (100 mg/kg, 500 mg/kg, or 1000 mg/kg daily for 14 days) produces a 10-20% increase in systolic and diastolic blood pressure and increased blood concentrations of urea nitrogen, creatinine, liver

transaminases, cholesterol, and triglycerides, with no significant changes in food and water intake, body weight, weight of internal organs, or blood count (Harizal et al., 2010). The highest dose produced liver damage (sinusoidal congestion, fatty changes, necrosis), but no changes in kidney, lung, or brain.

In dogs, mitragynine at 80 mg/kg orally or 4.6 mg/kg i.v. produces no acute effects; 9.2 mg/kg i.v. produces slowed respiration and ataxia, 31.8 mg/kg i.v. produces respiratory depression and seizures (Macko et al., 1972). Repeated oral dosing with mitragynine (5 mg/kg/day or 20 mg/kg/day 6 days/week for 3 weeks) produces no toxicity (Macko et al., 1972). Increasing the dose to 40 mg/kg/day for weeks 4-7 produces decreased white blood cells, atypical lymphocytes, bone marrow hyperplasia, hyperplastic lymph nodes, and increased diffuse sinusoidal cellularity in the liver. In anesthetized dogs, mitragynine (cumulative dose of 18.5 mg/kg i.v.) has no significant effect on mean arterial blood pressure (Macko et al., 1972).

In cats, mitragynine (9.2-46.0 mg/kg i.p.) produces dose-dependent mydriasis and restlessness (Macko et al., 1972). In anesthestized cats, i.v. mitragynine was lethal at 4.6 or 9.2 mg/kg (Macko et al., 1972).

Both acute mitragynine (1, 5, or 10 mg/kg i.p.) and chronic mitragynine (1, 5, or 10 mg/kg i.p. daily for 28 days) impair the acquisition, consolidation, and retrieval of short-term memory in rats (Yusoff et al., 2014). These effects were comparable to those produced by morphine (5 mg/kg i.p.).

Kratom alkaloid extract reduces food and water intake acutely at 45 and 50 mg/kg i.p. but not 15 or 30 mg/kg i.p.; 40 mg/kg/day i.p. over 60 days also produced weight loss (Kumarnsit et al., 2006).

Kratom extract has no significant effect on sleep in mice (Reanmongkol et al., 2007) or rats (Cheaha et al., 2015).

Mitragynine (1, 5, or 10 mg/kg i.p.) acutely decreased EEG delta band power in the hippocampus and delta and theta activity in the frontal cortex of freely moving rats in one study (Yusoff et al., 2014) but had no effect in another study (Suhaimi et al., 2021). Chronic mitragynine (1, 5, 10 mg/kg/day i.p. for 60 days) significantly increased delta power in the cortex and decreased alpha power in the cortex and delta power in the hippocampus (Suhaimi et al., 2021). Kratom alkaloid extract (about 60% mitragynine) (80 mg/kg orally) has no effect on local field potentials in the mouse nucleus accumbens (Cheaha et al., 2017).

6. Adverse Reactions in Humans

No clinically significant adverse events or clinical laboratory or vital signs abnormalities were noted in 36 adult men who used kratom regularly in Southeast Asia and received either a single oral dose of a kratom decoction (mitragynine dose 1.6 mg/kg [Dr. Marek Chawarski, personal communication]) (Vicknasingam et al., 2020) or 8 daily doses of kratom tea (6.25-23 mg mitragynine) (Trakulsrichai et al., 2015) as part of a clinical trial. All participants in the kratom tea trial reported transient tongue numbness after drinking the kratom tea (Trakulsrichai et al., 2015).

In an observational study done in the early 1930's in Britain, five adult men given oral mitragynine acetate (50 mg once, or twice separated by two hours) or kratom (0.65 g or 1.3

g of powdered leaves) reported transient, mild side-effects at the higher doses, including giddiness, nystagmus, pupillary constriction, muscle tenseness, hand/tongue tremor, stomach irritation, nausea, sleepiness, and impaired motor coordination (Grewal, 1932).

At least 3,859 cases of non-lethal adverse reactions associated with kratom were reported to US poison control centers (National Poison Data System [NPDS]) between 2010 and 2019 (Anwar et al., 2016; Cumpston et al., 2018; Graves et al., 2021; Post et al., 2019). The number of annual cases increased from 26 in 2010 to 100 in 2013, 263 in 2015, 568 in 2017, and 1218 in 2019 (Anwar et al., 2016; Graves et al., 2021). Among the 3,484 cases reported from 2014-2019, the majority involved men (68.2%) and only kratom (63.0%) (Graves et al., 2021). Almost all cases were 18-59 years old (95.4%); 1.7% were 60-69 years old and 0.9% were 70 years or older. Among reports with information available, the route of administration was oral in 93.3%; kratom formulations were tablet or capsule 50.0%, powder or granules 19.1%, liquid 9.4%, and aerosol or topical 21.3%. Among the 2196 cases with kratom as the only substance mentioned, 0.8% were considered as involving major clinical effects (including death); 39.5% involved moderate effects, 26.6% involved minor effects, and 13.5% involved minimal or no effects. The major clinical toxicities were neuropsychiatric (agitation, confusion, sedation, hallucinations, tremor, seizure, coma) 75.4%, cardiovascular (tachycardia hypertension) 44.5%, gastrointestinal (abdominal pain, nausea, vomiting) 25.2%, and respiratory (respiratory depression) 12.1%. Among the 1174 cases involving only kratom that were reported to the NPDS from 2011-2017, the commonest individual clinical manifestations were agitation or irritability (22.9%), tachycardia (21.4%), nausea (14.6%), drowsiness or lethargy (14.3%), vomiting (13.2%), hypertension (10.1%), confusion (10.9%), and seizure (9.6%) (Post et al, 2019). Life-threatening conditions were rare: coma (3.6%), cardiac arrest (0.4%), respiratory arrest (0.5%), renal failure (0.5%).

A comparison of kratom-associated cases reported from 2010 to 2017 to the US NPDS (760 cases) and the Ramathibodi Poison Center in Thailand (168 cases) found that Thailand had a significantly higher proportion of cases with other substances present (64.8%) than did the US (37.4%) (odds ratio 3.10, 95% CI 2.15-4.47), with opioids and benzodiazepines being the commonest second substance in both countries (Davidson et al., 2021). Common clinical manifestations in both countries included agitation and irritability, tachycardia, and drowsiness or lethargy, but severe medical outcomes (ICU admission, death) were significantly more prevalent in the US (odds ratio 18.82, 95% CI = 5.85-60.56).

The French Addictovigilance system received 20 reports of kratom-associated cases from 2007-2020 (14 since 2016) (Le Boisselier et al., 2021). The major manifestations were dependence and withdrawal, anorexia, and psychosis. There was one death (2018) and one case of severe hepatitis (Le Boisselier et al., 2021).

Chronic kratom use has been associated with at least 92 cases of liver toxicity (Ballotin et al., 2021; Schimmel & Dart, 2020). Common presenting signs and symptoms include abdominal discomfort, jaundice, pruritus, and dark-colored urine. These typically start about 3 weeks after initiation of kratom use (range 1-8 weeks) and resolve within one month of stopping kratom use. Liver transplantation was reported in only one case, who also had *Salmonella* infection (Schimmel & Dart, 2020). The histologic picture can be hepatocellular, cholestatic, or mixed.

Small cross-sectional studies of kratom users in Southeast Asia find no significant association between long-term, frequent kratom use and clinically significant abnormalities in standard clinical laboratory blood tests, such as complete blood count, blood chemistries, and lipid profiles (Abdullah et al., 2020; La-up, Saengow, & Aramrattana, 2021; Singh et al., 2018a) or blood concentrations of gonadal hormones (Singh et al., 2018b). A 42-year old US man developed hypogonadotropic hypogonadism with elevated prolactin and decreased testosterone blood concentrations, fatigue, and decreased libido while taking kratom (LaBryer et al., 2018). No other causes were identified during medical evaluation, and he returned to normal within two months of stopping kratom use.

There are several published case reports of cardiac arrhythmia or cardiac arrest associated with kratom use in Southeast Asia but all cases likely involved other substance use and none measured mitragynine concentrations (Abdullah and Singh, 2021a). A cross-sectional study of 100 regular kratom users (estimated average mitragynine intake 7.06 mg/kg/day) in Malaysia found no significant differences in electrocardiographic abnormalities compared with 100 non-kratom-using control subjects (Abdullah et al., 2021). The kratom users were significantly more likely to have sinus tachycardia (odds ratio 8.61, 95% CI 1.06-70.17). A study of a convenience sample of 9 adult (18-43 years old) Malaysian men who were chronic (2-14 years), daily kratom users (2-6 glasses/day of "brewed kratom juice") administered an ECG, transthoracic echocardiogram, and peripheral blood collection for mitragynine assay within 2-3 hours of their last kratom ingestion (Abdullah and Singh, 2021b). Four respondents had a prolonged QTc interval, associated with a significantly higher serum mitragynine concentration (mean [standard deviation] 15.9 [6.4] mg/L) than the 5 respondents with normal QTc interval {5.9 [2.7] mg/L). There were no other ECG abnormalities. All echocardiograms were normal, except for one respondent with left ventricular hypertrophy and one with "trivial" tricuspid regurgitation. All respondents were daily cigarette smokers (≤ 20/day); none used alcohol or other drugs. No respondent had a personal or family history of cardiovascular disease.

A cross-sectional survey of a convenience sample of 150 Malaysian men (92% employed, 91% with at least secondary education) who used kratom (59% at least 6 years, 55% more than three times a day) found 4% reported current positive psychotic symptoms (Abdullah et al., 2019). None of the men reported a history of psychiatric disorder; none had used illicit psychoactive substances within the past year (two-thirds had never used).

7. Dependence Potential

A. Animal Studies

Repeated oral dosing of rats with mitragynine (15 mg/kg i.p. twice daily for 14 days) (Harun et al., 2020) or of mice with mitragynine (15 mg/kg i.p. daily for 5 days) (Wilson et al., 2021), with kratom alkaloid extract (escalating doses of 30-125 mg/kg [equivalent to mitragynine 14.7-60.7 mg/kg] twice daily for 4 days) (Wilson et al., 2021), or with lyophilized kratom tea (escalating doses of 30-125 mg/kg [equivalent to mitragynine 0.21-0.93 mg/kg] twice daily for 4 days) (Wilson et al., 2020) produced physical dependence, as evidenced by naloxone-precipitated withdrawal signs. These withdrawal signs were substantially less

intense than those precipitated by comparable dosing with morphine. Repeated oral dosing of rats with mitragynine (15 mg/kg i.p. twice daily for 14 days) did not induce spontaneous withdrawal after dosing was stopped (Harun et al., 2020).

B. Human Studies

One clinical trial used the Clinical Opioid Withdrawal Scale (COWS, a standardized, validated rating instrument) to evaluate opioid withdrawal signs and symptoms in 26 Malaysian young men who used oral kratom several times daily for at least 3 years (Vickasingam et al., 2020). COWS scores after overnight abstinence from kratom use or within 24 hours of taking a dose of kratom concoction (containing 1.6 mg/kg mitragynine) were all 0.5 or lower, indicating no opioid-like withdrawal after a period of 10-20 hours of abstinence. This assessment period may have been too brief to allow kratom withdrawal to develop, given that self-reported withdrawal may take up to 48 hours to develop (Grundmann, 2017) and the human elimination half-life of mitragynine is 23 hours (albeit based on one study) (Trakulsrichai et al., 2015).

In-person interviews with convenience samples of long-term daily oral kratom users in Southeast Asia find up to three-quarters reporting withdrawal symptoms after cessation of use (Saingam et al., 2016; Singh et al., 2014; Singh et al., 2018c; Singh et al., 2018d; Suwanlert, 1975). Typical withdrawal symptoms include irritability, anxiety, depression, sleep disturbance, lacrimation, rhinorrhea, muscle and bone pain, muscle spasm, diarrhea, and decreased appetite. The likelihood and severity of withdrawal are positively associated with duration, frequency, and intensity of kratom use.

Cases of kratom withdrawal come to medical attention in the United States literature, but the overall prevalence of kratom withdrawal is unknown (Stanciu et al., 2019). In an online cross-sectional survey of a convenience sample of 8049 US kratom users, 43% reported experiencing uncomfortable symptoms within 48 hours of stopping kratom use (Grundmann, 2017). Kratom withdrawal symptoms reported in the US are similar to those reported in Southeast Asian patients (Stanciu et al., 2019). Withdrawal appears more common among long-term, heavy, daily users. Five cases of opioid-like neonatal abstinence syndrome (e.g., jitteriness, irritability, emesis, feeding intolerance) have been reported in neonates born to mothers who were heavy regular kratom users (up to 16-18 g thrice daily) but not using opioids (Wright et al., 2021). All neonates responded to standard treatment for neonatal opioid abstinence syndrome, i.e., tapering doses of opioids. In some cases, the mother also experienced opioid-like withdrawal in the hospital.

In a 2017 cross-sectional, anonymous online survey of a convenience sample of 2,798 self-selected US adult kratom users, 9.5% reported experiencing kratom withdrawal symptoms (Garcia-Romeu et al., 2020). Their mean (SD) score on the Subjective Opiate Withdrawal Scale (a standardized, validated rating instrument) was 8.8 (8.4), indicating mild withdrawal symptoms.

8. Abuse Potential

A. Animal Studies

Kratom extract or mitragynine show rewarding properties in only one of three widely used rat models of abuse potential. Mitragynine (10-90 mg/kg i.p) generates a conditioned place preference (Japarin et al., 2021; Meepong et al., 2019; Sufka et al., 2012; Yusoff et al., 2014; Yusoff et al., 2017; Yusoff et al., 2018), considered a sign of rewarding action. This effect is blocked by the mu-opioid receptor antagonist naloxone, suggesting that it is mediated by activation of the mu-opioid receptor (Yusoff et al., 2017). However, a methanolic extract of kratom leaves (50-300 mg/kg i.p.) does not generate conditioned place preference (Sufka et al., 2012), nor does lyophilized kratom tea (100 mg [equivalent to 0.74 mg mitragynine]/kg, 1 g [7.4 mg mitragynine]/kg orally) in mice (Wilson et al., 2020). In contrast, mitragynine is not self-administered by rats (25-150 µg or 0.1-3.0 mg iv) (Hemby et al., 2108; Yue et al., 2018) and does not alter the reward threshold (lowering threshold is rewarding) or response latency for intracranial self-stimulation (ICSS) at 1-30 mg/kg ip or intragastric (Behnood-Rod et al., 2020) (Dr. Patrick Beardsley, personal communication). Mitragynine increased the reward threshold at the highest dose studied (56 mg/kg ip), suggesting an aversive action (Behnood-Rod et al., 2020).

7-Hydroxymitragynine (5, 10 i.v.) is self-administered by rats (Hemby et al., 2018). This effect is blocked by the selective mu-opioid receptor antagonist naloxonazine and the selective delta-opioid antagonist naltrindole, suggesting dual mu- and delta-opioid receptor mechanisms. 7-Hydroxymitragynine had inconsistent effects on ICSS reward threshold in two studies. In one study, lower doses (0.1-1.0 mg/kg i.p. had no effect, while a higher dose (3.2 mg/kg i.p.) increased ICSS reward threshold (with no change in response latency), suggesting an aversive action of high-dose 7-hydroxymitragynine (Behnood-Rod et al., 2020).. In another (unpublished) study, 7-OH-mitragynine (0.3-3 mg/kg ip) lowered the ICSS threshold (Dr. Patrick Beardsley, personal communication). We are not aware of any studies of 7-hydroxymitragynine and conditioned place preference.

Rats can be trained to distinguish mitragynine (15 mg/kg i.p.) or 7-hydroxymitragynine injections from saline injections, suggesting that these two alkaloids produce distinctive substance-induced internal sensations (Harun et al., 2015; Obeng et al., 2021). Rats do not readily distinguish these two alkaloids from morphine, suggesting that the internal sensations are morphine-like. Rats also do not distinguish mitragynine (10 mg/kg ip) from methamphetamine (1 mg/kg i.p.) (Meepong et al., 2019). 7-Hydroxymitragynine is perceived as more morphine-like than is mitragynine (Obeng et al., 2021).

Kratom methanolic extract (100 mg/kg p.o., 4.4% mitragynine by weight) did not acutely increase dopamine concentration in mouse brain nucleus accumbens, while a reinforcing dose of alcohol did (Vijeepallam et al., 2019). Increasing nucleus accumbens dopamine concentration is an acute effect of almost all substances of abuse, including opioids (Gardner, 2011).

B. Human Studies

A 2018-2019 anonymous online survey of a self-selected convenience sample of 59,714 US adults weighted to be demographically representative of the entire US population identified 490 respondents with at least one use of kratom in the prior 12 months (Schimmel et al. 2020). About 20% of these kratom users were considered at severe or substantial risk of having a kratom use disorder, based on their responses to a standardized screening instrument (Drug Abuse Screening Test).

In a 2017 cross-sectional, anonymous online survey of a convenience sample of 2,798 self-selected US adult kratom users, respondents rated their typical subjective drug experience on a 100-mm visual-analogue scale (Garcia-Romeu et al., 2020). The mean (SD) rating for "drug liking" was 85.7 (23.7) and for "good effects" 86.4 (23.0), but only 12.0 (20.1) for "high" and 25.1 (27.1) for "euphoric."

Cross-sectional surveys of convenience samples of regular kratom users in Southeast Asia find many respondents report difficulty reducing or stopping their kratom use (Ahmad and Aziz, 2012; Saingam et al., 2013). However, these surveys rarely find psychosocial impairment associated with kratom use (Singh et al., 2015; Singh et al., 2017).

A review of 161 unstructured kratom experience reports spontaneously posted on a web site for psychoactive substance users between 2001 and 2012 found that 30.4% experienced euphoria and 23.6% experienced relaxation (Swogger et al., 2015). The vast majority of respondents (self-selected convenience samples) in Southeast Asia and the United States in cross-sectional surveys of motivation for kratom use report using to self-medicate a physical or psychological condition, cope with a problem, or enhance energy (Bath et al., 2020; Grundmann, 2017; Saref et al., 2019; Singh et al., 2019). Very few respondents report use for "recreational" purposes; most survey questionnaires do not provide a response option for recreational use. Some respondents in Southeast Asia report using kratom to enhance sociability (Saingam et al., 2013).

9. Therapeutic Applications and Extent of Therapeutic Use and Epidemiology of Medical Use

Kratom and its alkaloids have never been licensed for therapeutic use. Several therapeutic applications have been proposed for kratom and its alkaloids based on preclinical data (see section 4.C.a above) and anecdotal reports from kratom users (Bath et al., 2020; Garcia-Romeu et al., 2020; Grundmann, 2017; Saref et al., 2019; Singh et al., 2019). These include analgesia, treatment of opioid and alcohol use disorders and opioid and alcohol withdrawal, and treatment of depression and anxiety.

10. Listing on the WHO Model List of Essential Medicines

Kratom, mitragynine, and 7-hydroxymitragynine are not included in the WHO Model List of Essential Medicines.

11. Marketing Authorizations (as a Medicinal Product)

None.

12. Industrial Use

None.

13. Non-Medical Use, Abuse and Dependence

The actual prevalence of kratom use and misuse are unknown, as kratom was not included until very recently in large, population-based epidemiological surveys. A 2019 cross-sectional survey of a nationally representative probability sample of 56,136 community-dwelling United States residents at least 12 years old (US National Survey on Drug Use and Health) estimated past-year kratom (powder, pill, leaf) use by 0.7% (95% CI 0.6-0.8%) of the US population (Palamar, 2021). Kratom use was significantly more prevalent among 18-49 year-olds, women, and non-Hispanic Whites. Past-year cannabis use (adjusted odds ratio 4.57, 95% CI 3.29-6.35), cocaine use (adjusted odds ratio 1.69, 95% CI 1.06-2.69), and non-medical use of prescription stimulants (adjusted odds ratio 2.10, 95% CI 1.44-3.05) were all significantly associated with kratom use, while opioid use was not. However, prescription opioid use disorder was significantly associated with kratom use (adjusted odds ratio 3.20, 95% CI 1.38-7.41).

A 2018-2019 anonymous online survey of a self-selected convenience sample of 59,714 US adults weighted to be demographically representative of the entire US population found an estimated prevalence of 0.8% (95% CI 0.7-0.9) for past-year kratom use (an estimated 2.0 million adults) and 1.3% (95% CI 1.2-1.4) for lifetime kratom use (an estimated 3.35 million adults) (Schimmel et al., 2020). Kratom users were more likely than non-users to be younger than 45 years and men.

A 2017 cross-sectional, anonymous online survey of a convenience sample of 2,798 self-selected US adult kratom users found that 9.9% met DSM-5 criteria for past-year mild kratom substance use disorder, 1.8% for moderate kratom substance use disorder, and 0.6% for severe kratom substance use disorder (Garcia-Romeu et al., 2020).

A 2016 cross-sectional survey of a stratified random sample of 30,411 Thailand residents (15-64 years old) weighted to be representative of the national population found that 14.3 % (95% CI 13.7-14.9) reported lifetime use of kratom leaves and 14.2% (95% CI 13.6-14.8) use of kratom cocktail (kratom leaf decoction mixed with another beverage); 2.1% (95% CI 1.9-2.3) past-year use of kratom leaves and 0.7% (95% CI 0.6-0.8) of kratom cocktail; and 1.4% (95% CI 1.3-1.5) past-month use of kratom leaves and 0.4% (95% CI 0.3-0.5) of kratom cocktail (Wonguppa and Kanato, 2018).

There are little data available on the prevalence of treatment for kratom use disorder, in part because kratom was not included on most standard questionnaires until recently. In 2018, Malaysia reported 16 admissions for the treatment of kratom use disorder, out of 26,449 total admissions for substance use disorders (excluding alcohol and tobacco) (United Nations Office on Drugs and Crime, 2020).

In an anonymous online survey of more than 110,000 self-selected psychoactive substance users from more than 25 countries conducted November-December, 2019, 3.5%

of respondents reported using kratom in the prior 12 months (Global Drug Survey, 2020). Kratom ranked 21st in prevalence among all psychoactive substances mentioned.

14. Nature and Magnitude of Public Health Problems Related to Misuse, Abuse and Dependence

More than 300 deaths associated with kratom have been reported in the peer-reviewed medical literature through 2019 (Corkery et al., 2019; Eggleston et al., 2019; Mata and Anders, 2020; Olsen et al., 2019). The vast majority of cases were in the US and Western Europe and occurred since 2015. 127 kratom-associated deaths were reported to the UNODC Early Warning Advisory Tox-Portal between January 2017 and December 2020: 63.8% from the US (the majority from California), 30.7% from Thailand, 3.1% from Sweden, 1.6% from Australia, and 0.8% from Finland (UNODC Early Warning Advisory Tox-Portal, 2021). More than four-fifths of cases (84%) were in men; almost one-third (30.7%) were 16-24 years old, almost one-half (48%) were 25-44 years old, one-fifth (19.3%) were 45-64 years old, and 2% were older than 64 years old. The causal role of kratom was not provided in 40% of cases. Among the remaining cases, a causal relationship with kratom was considered a "high" likelihood in 20%, a "medium" likelihood in 62.3%, and present but not contributory in 17.6%. In the high likelihood cases, mitragynine concentrations ranged from 118-3390 ng/mL in peripheral blood, 320 ng/mL in femoral blood, 39-543 ng/mL in heart blood, and 480 ng/mL in blood from a body cavity. A study of 35 deaths in Northern Nevada, US between 2015-2020 in which mitragynine was detected in blood post-mortem found no significant difference in mitragynine blood concentration between the 27 cases in which kratom was considered as contributing to death (mean [standard deviation] 269.4 {392.5] ng/mL, range 8.7-1800 ng/mL) and the 8 cases with other causes of death (315 [297.2] ng/mL, range 110-980 ng/mL (Schmitt et al., 2021) For comparison, in two small studies of controlled administration of kratom extracts to adult Southeast Asian men who were experienced kratom users, oral mitragynine administration of 20-23 mg (as kratom tea) or 1.6 mg/kg (as kratom decoction) produced maximum peripheral blood concentrations of 50-100 ng/mL (Trakulsrichai et al., 2015) or 829-5034 ng/mL (Vicknasingam et al., 2020; Dr. Marek Chawarski, personal communication), respectively This lack of association between mitragynine blood concentration and risk of lethality suggests that kratom consumption was not a causal factor in the vast majority of kratom-associated deaths, but rather was an incidental finding.

A 2019 review of 156 kratom-associated deaths identified by published literature and internet searches and UK mortality registries found that the majority were White (100%), young adult (mean age 32.3 years) men (80%) with a history of substance abuse (95%) (Corkery et al., 2019). The 152 kratom-associated overdose deaths reported to the US State Unintentional Drug Overdose Reporting System (SUDORS) in 27 states from July 2016 through December 2017 chiefly involved primarily White (91.5%) men (76.3%) with a history of substance misuse (80.9%) (Olsen et al., 2019)

In a series of 11 unintended drug overdose fatalities in Sweden associated with krypton (combination of kratom and the opioid analgesic O-desmethyltramadol), the mitragynine blood concentrations were 20-180 ng/mg, suggesting possible additive mu-opioid receptor action (Kronstrand et al., 2011).

Attributing causality to kratom in a kratom-associated death can be difficult for several reasons (Papsun et al., 2019). First identification of the two major active compounds, mitragynine and 7-hydroxymitragnine can be problematic due to their instability over long periods at room or body temperature and the need for highly specific assays to distinguish them from their stereoisomers. Second, many cases do not receive comprehensive toxicological evaluation and some novel psychoactive substances (NPS) will remain undetected because accurate assays are not yet available. Third, most cases involve multiple substances, rather than only a kratom alkaloid. A review of 156 published and otherwise identified cases found that one or more other drugs were present in 95.6% of the cases for which toxicology was available (Corkery et al., 2019). The commonest other drugs were opioids, stimulants, and sedatives. Mitragynine/7-hydroxymitragynine was considered as contributing to the cause of death in 23% of cases, including the 6 cases in which no other substances were identified. The mean (range) mitragynine blood concentration was 398 (3.5-890) ng/mL in cases with no other substances present and 890 (0.9-16,000) ng/mL with other substances present. Among the 152 cases reported to the US SUDORS, other drugs were present in 92% of cases, including fentanyl/fentanyl analogues (65.1%), heroin (32.9%), benzodiazepines (22.4%), prescription opioids (19.7%), cocaine (18.4%), alcohol (12.5%), and methamphetamine (8.6%) (Olsen et al., 2019).

In a series of 15 kratom-associated deaths in Colorado, USA from 1999-2017, none were considered clearly due to kratom, after a comprehensive forensic analysis including toxicology (Gershman et al., 2019). In a series of 20 kratom-associated deaths evaluated in Orange County, California US in 2017 and 2018, three cases were considered due to mitragynine (no other drugs found), in 13 cases mitragynine was considered contributory (other drugs found), and in four cases mitragynine played no role (Mata and Anders, 2019), Mitragynine blood concentrations were 1590–3420 ng/mL in the first group and 24.6–1210 ng/ml in the second group. In a series of 35 kratom-associated deaths evaluated in Northern Nevada US in 2015-2020, 8 cases were considered definitely not caused by substance toxicity (e.g., death attributed to gunshot wound, cardiac disease) (Schmitt et al., 2021). The 27 cases considered due to substance toxicity all had substances other than mitragynine identified (opioids 81.5%, benzodiazepines 33.3%, ethanol 33.3%, amphetamines 25.9%, nitrous oxide 7.4%, aripiprazole 3.7%). In the case where aripiprazole was the only other substance identified, phenibut was found at the scene but not tested for. In a convenience sample of 583 post-mortem blood samples sent by US medical examiners to a national forensic reference laboratory between October 2016 and December 2018, the mean (standard deviation) mitragynine concentration was 372 (574) ng/mL, median 140 ng/mL, and range 5.9-4,400 ng/mL (Papsun et al., 2019), For comparison, mitragynine peak blood concentrations were 18.5-105 ng/mL in 10 Thai kratom users taking 6-10 mg mitragynine daily (Trakulsrichai et al., 2015).

Kratom was associated with 90 driving under the influence of drugs (DUID) reports between January 2017 and December 2020—all from the US (UNODC Early Warning Adivsory Tox-Portal, 2021). About four-fifths (82%) involved men. However, a direct causal link with kratom could not be established in the majority of cases. In the US state of North Carolina, mitragynine was identified in only six DUID cases between 2014 and 2017 (Papsun et al., 2019). In 2018, mitragynine was identified in 20 cases (out of about 17,500

submissions)—mean (SD) blood concentration 106 (117) ng/mL, median 75 ng/mL, range 11-490 ng/mL. Urine drug testing of 1635 consecutive motor vehicle drivers approached at 13 sites in Thailand between December 2005 and May 2006 identified 0.9% as kratom users (i.e., mitragynine detected in their urine) (Ingsathit et al., 2009). The most frequently detected substances were alcohol (5.5%), antihistamines (2.0%), amphetamine (1.8%), and cannabis (1.1%).

The number of blood samples received for mitragynine testing by a prominent US national forensic reference laboratory (chiefly post-mortem and DUID cases) increased from less than ten per month from October 2012 through January 2016 to 11-40 per month through July 2017 to 41-80 per month through December 2018 (Papsun et al., 2019). The number of samples testing positive for mitragynine increased from two in 2012 to 785 in 2018.

15. Licit Production, Consumption and International Trade

Cultivation of *Mitragyna speciosa* is legal in Southeast Asia. According to an unverified report, Indonesia has a large export trade of kratom leaves to Western countries (Wikipedia, 2021).

16. Illicit Manufacture and Traffic and Related Information

More than 99% of global seizures of kratom over the past decade have been in Southeast Asia (United Nations Office on Drugs and Crime, 2021). Seizures have increased over the past 5 years from about 57 tons in 2015, 400 tons in 2016, 285 tons in 2017, 170 tons in 2018, and 398 tons in 2019.

17. Current International Controls and Their Impact

Kratom, mitragynine, and 7-hydroxymitragynine are not currently under international control under UN treaties. The Association of South East Asian Nations (ASEAN) banned kratom from inclusion in traditional medicine or health supplements in 2013 on the grounds of being “harmful to human health” (Association of South East Asian Nations, 2013). Thailand made kratom a legal herb on 23 August 2021 (Laohong, K-o, 2021).

18. Current and Past National Controls

Kratom, mitragynine, and 7-hydroxymitragynine were under no national controls until about 15 years ago. Since then, they are banned or regulated as controlled psychoactive substances or herbal supplements in several dozen countries globally. At the national (federal) level in the United States, kratom cannot be marketed as a dietary supplement and is considered a drug of concern by the Drug Enforcement Administration (DEA). Kratom is banned in 6 US states and several cities. Canada bans the marketing of kratom for human consumption (United Nations Office on Drugs and Crime, 2021).

19. Other Medical and Scientific Matters Relevant for a Recommendation on the Scheduling of the Substance

None

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Annex 1. Report on WHO Questionnaires for Review of Psychoactive Substances for the 44th ECDD: evaluation of kratom, mitragynine, 7-hydroxymitragynine

Data were obtained from 98 Member States (12 African Region, 12 Eastern Mediterranean Region, 37 European Region, 14 Region of the Americas, 7 South-East Asia Region and 16 Western Pacific Region) for the WHO Questionnaires for the Review of Psychoactive Substances. The total number of countries opting out of participation in the questionnaire was 9 (1 African Region, 2 Eastern Mediterranean Region, 2 European Region, 2 Region of the Americas, 1 South-East Asia Region and 1 Western Pacific Region), leaving 89 countries that agreed to provide data.

Of the 89 countries who agreed to provide data, 35 countries had information on kratom, mitragynine, 7-hydroxymitragynine (Table 1).

Table 1. Numbers of countries providing information on kratom, mitragynine, 7-hydroxymitragynine

Region	Number of countries without information	Number of countries with information on substance
African	5	0
Eastern Mediterranean	6	0
European	10	21
Region of the Americas	7	5
South-East Asia	2	2
Western Pacific	5	7
Total (70)	35	35

APPROVED MEDICAL, SCIENTIFIC OR INDUSTRIAL USE

No countries reported approved human medical products and veterinary products containing Kratom, mitragynine, 7-hydroxymitragynine.

Medical use

One country (South East Asia) described kratom, mitragynine, 7-hydroxymitragynine as being used as a part of traditional medicine.

Scientific use

Three countries (2 Region of the Americas, 1 Western Pacific) reported kratom, mitragynine, 7-hydroxymitragynine was being currently used in medical or scientific research (excluding use as an analytical standard) in their country (such as in clinical trials for any human or veterinary indication). One country (Region of the Americas) stated that there was government sponsored research on the “basic pharmacology and potential therapeutic value of mitragynine for disorders, including opioid withdrawal syndrome”. Another country (Region of the Americas) described a “phase I trial to evaluate the safety of different Kratom related formulations in healthy adult participants”. One country (Western Pacific Region) stated there was “scientific research” being

conducted, with no further details provided.

Industrial use

One country (Region of the Americas) described kratom, mitragynine, 7-hydroxymitragynine was being used for industrial or other non-medical/non-scientific purposes in their country – more specifically, for industrial purposes related to rubber.

EPIDEMIOLOGY OF NON-MEDICAL USE

Eighteen countries (12 European, 3 Region of the Americas, 1 South East Asia, 2 Western Pacific) reported there is evidence of the use of kratom, mitragynine, 7-hydroxymitragynine for non-medical use in their country (use outside of the medical, industrial or scientific context).

Routes of administration and formulations

The most common route of administration for kratom, mitragynine, 7-hydroxymitragynine reported was oral and smoking (Table 2).

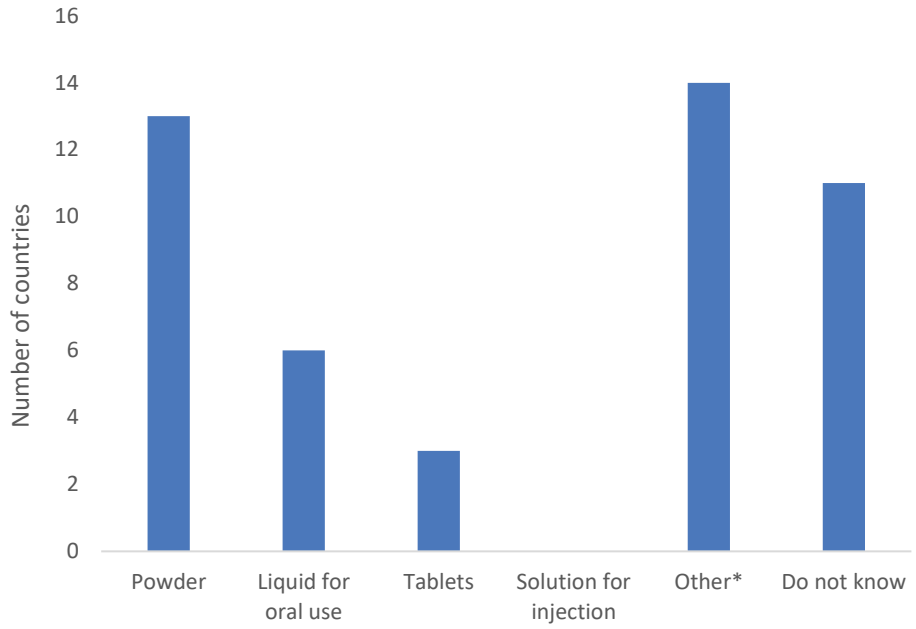
Table 2. Reported routes of Kratom administration

Route of administration	Number of countries
Oral	14
Smoking	5
Inhalation	1
Sniffing	1
Injection	0
Other*	3
Do not know	13

*Other routes of administration included tea/hot-water extraction (n=3 countries) and chewing (n=1; same country that specified tea).

The most commonly reported formulations of kratom, mitragynine, 7-hydroxymitragynine were powder, herbal mixture and liquid for oral administration (Figure 1). One country (European Region) provided the specific description that "the seizures have been herbal material as raw or fine powder e.g. for infusion and capsules containing the powdered herbal material for oral use".

Figure 1. Formulations of kratom, mitragynine, 7-hydroxymitragynine

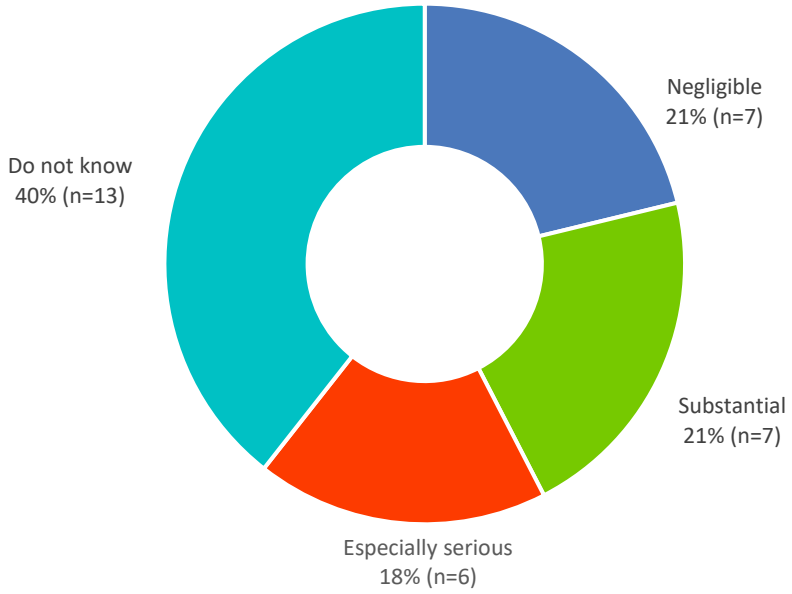


*14 countries noted other formulations, mainly describing herbal mixtures (n=13), and capsule packaging (n=5).

Perceived negative health impact

Thirteen countries (6 European, 3 Region of the Americas, 1 South East Asia, 3 Western Pacific) reported the level of negative health impact due to kratom, mitragynine, 7-hydroxymitragyninenon-medical consumption as “especially serious” or “substantial” (Figure 2).

Figure 2. Countries reporting negative health impact of the non-medical consumption of kratom, mitragynine, 7-hydroxymitragynine.



A country (Region of the Americas) noted "Mitragynine has been encountered on the illicit drug market and has been positively identified in 583 postmortem cases". Another country from the same region noted "There has been at least one death believed to be caused by Kratom intoxication". A second country in the Region on the Americas reported from their adverse reaction database three reports involving kratom reported from a hospital which included events (one of each) including acute hepatic failure, acute kidney injury, cholecystitis, cholelithiasis, dizziness, gastrooesophageal reflux disease, increased hepatic enzymes, hepatitis, malaise, mental disorder, mental impairment, nausea, rhabdomyolysis and positive salmonella test.

One country (European region) responded there had been kratom, mitragynine, 7-hydroxymitragynine "Seizures and findings in femoral blood in cases of deaths, poison information centre calls".

A country (Western Pacific) which noted "substantial" negative health impact of kratom, mitragynine, 7-hydroxymitragynine in their country further remarked that "traditionally it may have been consumed for some health benefits. Based on a study on kratom users conducted by [a university in our country] kratom consumption was found to not cause impairment in quality of life of kratom users except for severe kratom dependence which may cause deterioration in physical well-being of users. Nevertheless, we have also seen reports by [our Police force] regarding seizures of concoctions of kratom mixed with other substances (i.e. Coke, cough syrup) for consumption, indicating some form of substance abuse. In addition to the fact that consumption of kratom can cause dependence, this is a significant cause for concern to public health."

Emergency Department visits

Six countries (3 European, 2 Region of the Americas, 1 South East Asian) were aware of emergency room/department (ED) visits related to kratom, mitragynine, 7-hydroxymitragynine. Five of these

countries (2 European, 2 Region of the Americas, 1 South East Asian) were able to provide further remarks on these ED/hospital visits.

One country (South East Asia) described ED patients as presenting with "running nose, watery eyes, insomnia". One country (Region of the Americas) reported data from a national poison control data system where "there have been incidence of agitation, tachycardia, drowsiness, seizure, respiratory depression, and coma".

One country (European) noted "Since 2007, at least 30 patients have presented symptoms after consumation of kratom, mitragynine, 7-hydroxymitragynine alone or in association with other substances. Use disorder, dependency, withdrawal syndrome, anorexia/weight loss, psychiatric decompensation, toxic hepatitis. Nausea, abdominal pains, respiratory depression". Another country (European) noted that Kratom was consumed with other substances in all the ED presentations which presented with "Reduced consciousness, tachycardia, hypertension, agitation, hallucination, paranoid ideation, hyponatraemia, ALT/AST increased, CK increased, hypothermia, abnormal sweating, vomiting, seizure, mydriasis, epilepsy, bradycardia, depression".

Deaths

Two countries (1 European, 1 Region of the Americas) reported one death each where kratom, mitragynine, 7-hydroxymitragynine was the only substance involved, one death occurring in 2018 and one in 2020.

Six countries (4 European, 2 Region of the Americas) reported a total of 590 fatalities where kratom, mitragynine, 7-hydroxymitragynine and other substances were involved in the death (years 2013-2020). Of note is that one country (Region of the Americas) reported the bulk of these deaths - 583 deaths where Kratom and other substances were involved over the years 2013-2018.

One country (European) reported a kratom, mitragynine, 7-hydroxymitragynine related death in 2020 where it was unknown whether other substances were involved.

Drug Dependence

Four countries (2 European, 1 South East Asian, 1 Region of the Americas) reported they were aware of people presenting to drug dependence treatment in their country due to use of kratom, mitragynine, 7-hydroxymitragynine.

CURRENT DRUG CONTROL

Eighteen countries (14 European, 4 Western Pacific) responded kratom, mitragynine, 7-hydroxymitragynine is currently controlled under national legislation to regulate its availability.

Another country (Region of the Americas) reported that "Kratom, mitragynine, 7-hydroxymitragynine – mitragynine (or 7-hydroxymitragynine) is a substance that can be extracted from Kratom plant. One country reported that since it is an isomer of Folcodine (listed nominally

under [the List of Narcotic Drugs that can have medical use]), mitragynine is also under the control of [the List of Narcotic Drugs that can have medical use].

Table 3 shows the main reported activities involving kratom, mitragynine, 7-hydroxymitragynine.

Table 3. Reported activities involving kratom, mitragynine, 7-hydroxymitragynine for purposes other than medical, scientific or industrial use.

Activity	Number of countries
Trafficking	9
Smuggling (from other countries)	8
Internet sales (seller or website located in respondent's country)	5
Internet sales (other or location of sellers and website unknown)	5
Internet sales (from abroad to buyers in respondent's country)	4
Production of consumer products containing the substance	2
Direct sales	2
Diversion	1
Do not know	12

Seizures

Eight countries (4 European, 2 Western Pacific, 2 Region of Americas) reported seizures of kratom, mitragynine, 7-hydroxymitragynine in 2021. Seizure numbers ranged from 1 to 2546, and seizure quantities ranged from 4 grams to 156891kg (Table 4).

Thirteen countries (7 European, 4 Western Pacific, 2 Region of Americas) reported seizures of kratom, mitragynine, 7-hydroxymitragynine in 2020. Seizure numbers ranged from 1 to 4970, and seizure quantities ranged from 15 grams to 298120 kg.

Nine countries (5 European, 2 Western Pacific, 2 Region of the Americas) reported seizures of kratom, mitragynine, 7-hydroxymitragynine in 2019. Seizure numbers ranged from 1 to 3882, and seizure quantities ranged from 428 grams to 162945 kg.

Table 4. Reported seizures of kratom

Year	Number of countries reporting seizures	Number of seizures
2021	8	2668
2020	13	5478
2019	9	4485

Thirty two countries (20 European, 6 Western Pacific, 3 Region of the Americas 2 South East Asia, have the forensic laboratory capacity to analyse kratom, mitragynine, 7-hydroxymitragynine.

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REVIEW
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Kratom Abuse Potential 2021: An Updated Eight Factor Analysis

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Drugs are regulated in the United States (US) by the Controlled Substances Act (CSA) if assessment of their abuse potential, including public health risks, show such control is warranted. An evaluation via the 8 factors of the CSA provides the comprehensive assessment required for permanent listing of new chemical entities and previously uncontrolled substances. Such an assessment was published for two kratom alkaloids in 2018 that the Food and Drug Administration (FDA) have identified as candidates for CSA listing: mitragynine (MG) and 7-hydroxymitragynine (7-OH-MG) (Henningfield et al., 2018a). That assessment concluded the abuse potential of MG was within the range of many other uncontrolled substances, that there was not evidence of an imminent risk to public health, and that a Schedule I listing (the only option for substances that are not FDA approved for therapeutic use such as kratom) carried public health risks including drug overdoses by people using kratom to abstain from opioids. The purpose of this review is to provide an updated abuse potential assessment reviewing greater than 100 studies published since January 1, 2018. These include studies of abuse potential and physical dependence/withdrawal in animals; *in-vitro* receptor binding; assessments of potential efficacy treating pain and substance use disorders; pharmacokinetic/pharmacodynamic studies with safety-related findings; clinical studies of long-term users with various physiological endpoints; and surveys of patterns and reasons for use and associated effects including dependence and withdrawal. Findings from these studies suggest that public health is better served by assuring continued access to kratom products by consumers and researchers. Currently, Kratom alkaloids and derivatives are in development as safer and/or more effective medicines for treating pain, substances use disorders, and mood disorders. Placing kratom in the CSA via scheduling would criminalize consumers and possession, seriously impede research, and can be predicted to have serious adverse public health consequences, including potentially thousands of drug overdose deaths. Therefore, CSA listing is not recommended. Regulation to minimize risks of contaminated, adulterated, and inappropriately marketed products is recommended.

Keywords: dietary supplement, safety, abuse potential, epidemiology, substance use disorder treatment, opioid pharmacology, Controlled Substances Act

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1 INTRODUCTION

This is an update to the Henningfield et al. (2018) assessment of the abuse potential of kratom based on the eight factors of the United States Controlled Substances Act (US CSA) (Henningfield et al., 2018a) and summarizes new scientific findings from January 2018 through August 2021. The CSA eight factors evaluate pharmacological actions in the brain or central nervous system (CNS) that may lead to dependence, substance use disorders, or addictions (American Psychiatric Association, 2013; National Institute on Drug Abuse, 2019; World Health Organization, 1994; O'Brien et al., 2011). Abuse potential assessments determine whether substances and medicinal products should be controlled by the CSA (scheduled), and if so the restrictiveness or level of control. Substances are only placed in Schedule I (heroin, LSD, cannabis) when there is no FDA approved therapeutic use and sufficient abuse potential to merit control. Substances with approved therapeutic uses and sufficient abuse potential must be placed in Schedules II–V. By law, an eight-factor analysis (8-FA) provides the primary pharmacological and public health basis for drug scheduling (Food and Drug Administration, 2017a; Belouin and Henningfield, 2018; Johnson et al., 2018). This assessment focuses on kratom and its alkaloids, in particular mitragynine (MG), the primary alkaloid in kratom present in sufficient amounts to account for its effects.

Kratom and its alkaloids are not approved for any therapeutic use by the FDA, are not federally controlled in the US, nor in the International Drug Control Conventions; however some countries do control kratom and/or its two primary alkaloids, MG and 7-OH-MG (Prozialeck et al., 2019; International Narcotics C, 2020a; International Narcotics C, 2020b). Six states in the US (Alabama, Arkansas, Indiana, Tennessee, Vermont and Wisconsin) have banned kratom, while five have passed consumer protection legislation to ensure consumer access to kratom with a framework for regulatory oversight (Arizona, Georgia, Nevada, Oklahoma and Utah). Maryland rejected a proposed ban and passed a minimum age of purchase law (age 21), and at this writing, several states are considering their own kratom consumer protection laws to ensure consumer access but with regulatory oversight. In 2021, Thailand decriminalized kratom farming, possession and sales. In December, 2021, the World Health Organization Expert Committee on Drug Dependence concluded "there is insufficient evidence to recommend a critical review of kratom mitragynine and 7-hydroxymitragynine" [for potential scheduling] but should be kept under surveillance (Commission on Narcotic Drugs, 2021).

In August 2016 the US Drug Enforcement Agency (DEA) proposed scheduling kratom on a temporary "emergency" basis but withdrew the proposal due to thousands of comments from kratom consumers and bipartisan members of Congress, and out of concern that people who were managing their opioid use disorder with the aid of kratom would return to opioid use. The DEA requested that FDA perform a full 8-FA and develop its own independent recommendations related to scheduling (Ingraham, 2016a; Ingraham, 2016b). Subsequently, Dr. Henningfield and his colleagues at PinneyAssociates were commissioned by the American Kratom Association's legal regulatory counsel to develop an 8-FA (Pinney Associates (2016)) for submission to DEA by December 2, 2016. In November 2017, FDA Commissioner Scott Gottlieb announced that kratom carried "narcotic like" risks of addiction and death but did not make public its October 17th recommendation to DEA to permanently place MG and 7-OH-MG in Schedule I of the CSA (Food and Drug Administration, 2017b; Food and Drug Administration, 2017c).

DEA typically responds to formal 8-FA scheduling requests within 90 days, though there is no legal timeline; however, a formal scheduling rescission order was issued on August 18, 2018 from the Assistant Secretary of Health, US Department of Health and Human Services (DHHS) (Giroir, 2018). The order included conclusions based on a DHHS review consistent with those of the Henningfield et al. (2018) 8-FA (Henningfield et al., 2018a). The DHHS rescission letter stated "mitragynine does not satisfy the first of the three statutory requisites for Schedule I"; "There is still debate among reputable scientists over whether kratom by itself is associated with fatal overdoses"; and "there is a significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I." The letter also raised concerns about "the stifling effect of classification in Schedule l on critical research needed on the complex and potentially useful chemistry of components of kratom." This letter was not made public until January 2021.

In 2017, the National Institute on Drug Abuse (NIDA) substantially increased its active research program on kratom's alkaloids and derivatives as potentially safer and less abusable medicines for pain and addiction and other disorders. The purpose of this review is to provide an update of our 2018 article on the abuse potential of kratom. It includes more than 100 new studies related to kratom abuse potential, safety, patterns of use, and potential therapeutic and public health benefits.

2 METHODS

The intent was to include all new studies published in English relevant to kratom abuse potential, safety and mechanisms of action published in since January 1, 2018 with some essential earlier studies mentioned and referenced to our 2018 review.[1] This was by comprehensive online literature searches, and direct requests to leading kratom researchers worldwide. To be concise, factors 4, 5, and 6 are considered a single group of public health related factors.[2] (Henningfield et al., 2018a; Johnson et al., 2018). Factor 8 is unchanged as neither kratom nor its constituents are scheduled.

[1]The authors welcome communications from readers on abuse-potential and safety related kratom research published since 2018 that we might have missed.

[2]For formal FDA submissions Factors 4, 5, and 6 are considered separately (see Henningfield et al., 2018a and Johnson, Griffiths, Hendricks and Henningfield, 2018 as examples), however, for temporary (also known as "emergency") scheduling, determining if a substance poses an imminent health risk is based on the analysis of all three factors combined similarly to our approach in this review.

3 RESULTS

3.1 Factor 1: Actual or Relative Potential for Abuse

A summary of the references used, along with main findings and comments from the authors of this review are included in **Table 1**.

3.1.1 Summary of 2018 Findings

There were no animal intravenous drug self-administration (IV DSA), intracranial self-stimulation (ICSS) brain reward, or physical dependence/withdrawal studies of kratom's alkaloids; however, other data suggested relatively low abuse potential as compared to opioids and other drugs of abuse (Henningfield et al., 2018a). There was evidence of morphine opioid receptor (MOR) mediated effects, and preliminary drug discrimination and conditioned place preference (CPP) studies with rats suggested abuse related effects at high intolerable human dose equivalents.

Survey data from the US and field studies in Southeast Asia (SEA) showed most kratom use was for health-related benefits, and to facilitate occupational performance. Data indicated that problem abuse and addiction were not common and was generally more tolerable and readily self-manageable as compared to opioids. A frequent reason for use was as an opioid substitute for pain and self-management of opioid, alcohol, and other drug dependence.

3.1.2 Factor 1 Science Updates

3.1.2.1 Intravenous Drug Self-Administration Trials

Rates of MG self-administration were similar to those of saline, and MG pretreatment produced dose-related reductions in morphine self-administration rates (Hemby et al., 2019). The authors concluded "The present findings indicate that MG does not have abuse potential and reduces morphine intake, desired characteristics of candidate pharmacotherapies for opiate addiction and withdrawal … ". 7-OH-MG was self-administered at high doses and pretreatment increased morphine self-administration.

MG self-administration rates in rats did not exceed those obtained with saline and MG pretreatment decreased heroin self-administration, with little effect on methamphetamine self-administration (Yue et al., 2018). The authors noted "These results suggest limited abuse liability of mitragynine and the potential for mitragynine treatment to specifically reduce opioid abuse. With the current prevalence of opioid abuse and misuse, it appears currently that mitragynine is deserving of more extensive exploration for its development or that of an analog as a medical treatment for opioid abuse." These results are consistent with human reports that kratom is useful in the management of opioid craving and withdrawal and to support opioid abstinence (Grundmann et al., 2018; Coe et al., 2019; Prozialeck et al., 2019; Garcia-Romeu et al., 2020).

Intracranial Self-Stimulation

In the ICSS model, rats equipped with brain electrodes self-deliver rewarding electrical brain stimulation. Opioids, amphetamine-like stimulants, cocaine, and other classic drugs of abuse reduce the stimulation threshold and increase the strength of the rewarding effects of drugs on ICSS (Negus and Miller, 2014). Neither MG nor 7-OH-MG showed evidence of brain rewarding effects, whereas morphine robustly and dose-dependently decreased the stimulation threshold (Behnood-Rod et al., 2020). Thus, the ICSS results suggest lower brain rewarding effects of MG as compared to morphine.

Drug Discrimination Studies

The discriminative stimulus effects of MG were evaluated in studies designed to assess generalization to morphine as well as the delta-opioid receptor agonist SNC80 and kappa-opioid receptor agonist U69593, alpha adrenergic agonists lofexidine, clonidine and phenylephrine, alpha adrenergic antagonists yohimbine and atipamezole, and the cannabinoid agonist Δ-9-tetrahydrocannabinol (Reeve et al., 2020). The strongest generalization was to lofexidine and phenylephrine, both unscheduled drugs: phenylephrine is in some over-the-counter cold medicines; lofexidine is approved for several indications including the first nonopioid for alleviating opioid withdrawal.

In a comparison of MG and 7-OH-MG across studies that included *in vitro* receptor binding and an antinociception test, MG partially generalized to morphine, whereas 7-OH-MG fully generalized to morphine in rats (Obeng et al., 2021). Similarly, Hiranita et al. (2020) found only partial generalization of oral MG to i.p. morphine in rats (Hiranita et al., 2020).

3.1.2.4 Conditioned Place Preference

Various MG preparations produced mixed CPP effects with some suggesting abuse potential at high doses. A low priming injection of MG or morphine reinstated CPP after establishment with either drug, suggesting rewarding effects for both (Japarin et al., 2021). Baclofen pretreatment prevented the acquisition and expression of MG-induced CPP (Yusoff et al., 2018). CPP was achieved in mice with a high dose methanolic extract of kratom leaves (Vijeepallam et al., 2019). In a fourth study (see also Factor 2), lyophilized (freeze-dried) kratom tea (LKT), a potential treatment for pain and opioid dependence, did not induce CPP in mice (Wilson et al., 2020).

3.1.2.5 Physical Dependence and Withdrawal

Discontinuation of morphine administration produced response rate disruptions indicating significant signs of spontaneous withdrawal, whereas discontinuation of MG administration did not produce significant signs of spontaneous withdrawal. Naloxone administration did precipitate response rate disruptions indicating withdrawal in both MG and morphine treated rats, however, this withdrawal effect was weaker and shorter lived in MG treated rats as compared to morphine treated rats (Harun et al., 2020). MG treatment also reduced naloxone precipitated withdrawal in animals receiving chronic morphine, consistent with human reports. Hassan, Pike, See, Sreenlivasan et al. (2020) compared the efficacy of MG to methadone for treating morphine withdrawal in rats concluding that MG treatment attenuated withdrawal symptoms significantly, similar to methadone and buprenorphine, and potentially with less undesired effects (Hassan et al., 2020).

TABLE 1 | Summary of references.

Factor/Description	Citations	Main findings	Comments
Factor 1: Actual or relative potential for abuse			
Intravenous Self-Administration (IV SA)	(Prozialeck et al., 2019), (Grundmann et al., 2018; Yue et al., 2018; Coe et al., 2019; Hemby et al., 2019; Garcia-Romeu et al., 2020)	No evidence of reward	MG pretreatment reduced morphine self-administration
Intracranial Self-Stimulation (ICSS)	(Negus and Miller, 2014)-(Behnood-Rod et al., 2020)	No evidence of reward for MG or 7-OH-MG	
Drug Discrimination	(Hiranita et al., 2020; Reeve et al., 2020; Obeng et al., 2021)	MG showed partial generalization to multiple drugs, including morphine 7-OH-MG showed full generalization to morphine	Strongest generalization of MG was to unscheduled drugs: phenylephrine and lofexidine
Conditioned Place Preference (CPP)	(Yusoff et al., 2018; Vijeepallam et al., 2019; Wilson et al., 2020; Japarin et al., 2021)	Mixed evidence of CPP	
Physical Dependence/ Withdrawal	(Harun et al., 2020; Hassan et al., 2020; Johari et al., 2021; Hassan et al., 2021; Hassan et al., 20211778; Harun et al., 2021a)	Mixed evidence of weak withdrawal across studies relative to morphine	MG reduces morphine withdrawal and differs from morphine withdrawal on some measures
Survey Data	(Prozialeck et al., 2019), (Grundmann et al., 2018; Coe et al., 2019; Garcia-Romeu et al., 2020), (Singh et al., 2014; Galbis-Reig, 2016; Swogger and Walsh, 2018; Smith et al., 2019; Harun et al., 2021b)	Majority use is for health benefits, not recreational use or to get high. Use is almost exclusively oral, without the tendency of many recreational substance to smoke, inject, and/or nasally insufflate	Most people reporting "kratom addiction" found it weaker and more tolerable and acceptable than "drug" addiction and were more likely so use it to manage other addictions than to use addictively
Factor 2: Scientific evidence of pharmacological effect			
Potential Therapeutic Effects	(Behnood-Rod et al., 2020; Obeng et al., 2021), (Vicknasingam et al., 2020; Chakraborty et al., 2021a)	Kratom's antinociceptive effects appear to be mediated at least partly by 7-OH-MG metabolite formation	Animal study findings are consistent for use to manage opioid use disorder and withdrawal, pain and suggest exploration for other disorders
Mechanisms of Action	(Prozialeck et al., 2019), (Behnood-Rod et al., 2020), (Hassan et al., 2019; Hiranita et al., 2019; Kruegel et al., 2019; Gutridge et al., 2020; Todd et al., 2020; Suhaimi et al., 2021)	Kratom alkaloids, including 7-OH-MG may interact with opioid receptors, but do not recruit β-arrestin 2	These are consistent with little or no respiratory depression across a broad range of doses and conditions
Kratom Minor Alkaloids and Metabolites	(Kruegel et al., 2019; Chakraborty et al., 2021a; León et al., 2021; Sharma and McCurdy, 2021), (Newman and Cragg, 2016; Sharma et al., 2019; Domnic et al., 2021a; Domnic et al., 2021b; Chear et al., 2021)	Most minor kratom alkaloids and metabolites are in de minimis levels	Some minor alkaloids might influence kratom's pharmacological effects and merit evaluation for potential therapeutic uses at much higher doses than provided by kratom
Metabolism and Metabolite Profiling	(Kamble et al., 2019; Kamble et al., 2020a; Kamble et al., 2020b)	7-OH-MG appears to metabolize differently in humans than in other species (e.g., rats, dogs, monkeys)	Animal models for kratom alone may not be fully predictive of human effects
Factor 3: Current state of scientific knowledge			
MG and 7-OH-MG PK/PD	(Hiranita et al., 2020), (Avery et al., 2019; Jagabalan et al., 2019; Maxwell et al., 2020)	Greater exposure observed with natural kratom formulations than with oral MG	
Minor Alkaloids PK/PD	(King et al., 2020; Berthold et al., 2021; Kamble et al., 2021)	Approximately one third of minor alkaloids are characterized	
Clinical Studies	(Singh et al., 2018a; Singh et al., 2018b; Singh et al., 2019a; Singh et al., 2020a; Leong Bin Abdullah et al., 2020; Leong Abdullah et al., 2021)	Long term users of kratom have no significant differences in most physiological measures compared to nonusers	These should not be considered definitive safety data but provide a foundation for further studies
Factors 4, 5, and 6—History and Current Patterns of Abuse; The Scope, Significance and Duration of abuse; What, if any, Risk is there to the Public Health			
U.S. National and Federal Survey Data	(National Institute on Drug Abuse, 2019), (Coe et al., 2019)-(Garcia-Romeu et al., 2020), (U.S. Department of health and Human Services, 2020; Schimmel et al., 2021; Covvey et al., 2020; Grundmann, 2017; Drug Abuse Warning Network, 2020; Drug Enforcement Adm, 2020a; Substance Abuse and Menta,	NSDUH Lifetime Use: 1.4%; Past Year Use 0.7%. Little evidence of use on other federal surveys either because kratom was not specifically included or did not meet the threshold for reporting	Federal survey data provide no evidence that kratom poses an imminent threat to public health but merits continuing monitoring to better understand trends in use

(Continued on following page)

TABLE 1 | (*Continued*) Summary of references.

Factor/Description	Citations	Main findings	Comments
Kratom Use Prevalence	2020; Drug Enforcement Adm, 2020b; Grundmann et al., 2021; Miech et al., 2021) (U.S. Department of Health and Human Services, 2020; Schimmel et al., 2021; Covvey et al., 2020), (Botanical Education Alliance, 2016)	Estimates range from 1.8 million to over 16 million users in the US	It appears likely that there are at least 10 million kratom users in the US but more definitive studies are needed
Kratom Use Associated Mortality	(National Institute on Drug Abuse, 2019), (Giroir, 2018), (Food and Drug Admini, 2018; Gershman et al., 2019; Henningfield et al., 2019; Olsen et al., 2019)	Risk of kratom associated death appears to be at least a thousand times lower than for morphine-like opioids	Approximately 80% of kratom positive or "involved" deaths also detected other drugs of abuse or the decedent had a history of substance use disorders in one study contribution by other drugs not possible to rule out
Mortality Risks Projected as a Result of Banning Licit Kratom	(Henningfield et al., 2018a), (Ingraham, 2016b), (Giroir, 2018), (Grundmann et al., 2018; Coe et al., 2019; Garcia-Romeu et al., 2020), (Grundmann, 2017), (Henningfield et al., 2018b; Henningfield et al., 2018c; Henningfield et al., 2018d; Prozialeck et al., 2020)	Surveys suggest that it is likely that some kratom users would return to opioid use if kratom use and possession is banned	Fears of relapse to opioid use was a serious concern voiced by thousands of users in surveys and comments to DEA and FDA
Public Health and Individual Benefits of Kratom	(Henningfield et al., 2018a), (Prozialeck et al., 2019), (Coe et al., 2019)-(Garcia-Romeu et al., 2020), (Swogger and Walsh, 2018), (Grundmann, 2017), (Drug Enforcement Adm, 2016), (Raffa, 2014)-(Pain News Network, 2018)	Kratom is used by millions of people in the US to manage substance use disorders, pain, mood disorder, and for energy and improved mental focus and alertness	Reasons for use of kratom rather than FDA approved medications included better efficacy, presumed lower risks and because it is more accessible and tolerable, and/or preferred as a "natural product". Note: such data should not be used to support therapeutic claims in labeling or marketing
Kratom Use for Managing Opioid Use/Withdrawal and Other Health Reasons	(Coe et al., 2019), (Grundmann, 2017), (Singh et al., 2019b; Singh et al., 2020b; Singh et al., 2020c)	Surveys in US and SEA report kratom is used mostly for its health benefits, including opioid withdrawal	Although management of opioid use and withdrawal is prominent, nonclinical data suggest that use for other substance use disorder management and many other disorders merit further exploration
Comment on Therapeutic Use in Context of FDA Standards	(Katz, 2004; DiMasi et al., 2016; Food and Drug Admini, 2016; Dabrowska and Thaul, 2018; Wouters et al., 2020)	While research has yet to meet FDA's standard for therapeutic efficacy (NDA), there is substantial evidence of its use and efficacy in treating opioid withdrawal symptoms, and other disorders	
Factor 7—The psychic or physiological dependence liability			
Science Updates	(Hemby et al., 2019), (Coe et al., 2019)-(Garcia-Romeu et al. 2020), (Swogger and Walsh, 2018), (Harun et al., 2021b)-(Vicknasingam et al., 2020), (Grundmann, 2017), (Grundmann et al., 2021), (Swogger et al., 2015; Smith and Lawson, 2017; Singh et al., 2018c; Leong Bin Abdullah et al., 2021)	Some chronic, frequent kratom users report dependence/addition and/or withdrawal, but this is generally more readily self-managed compared to use disorders of other drugs of abuse	

Although MG withdrawal signs are weak in rats compared to those from morphine withdrawal, there does appear to be evidence of physical dependence; however, MG withdrawal unlike morphine was not associated with anxiogenic-like subjective symptoms. When using a pentylenetetrazol (PTZ) discrimination trial to evaluate anxiogenic signs in rats after MG or morphine withdrawal precipitated by naloxone, MG showed no substitution to the PTZ discriminative stimulus, while morphine produced a dose-related PTZ-like stimulus, further supporting MG as a novel pharmacotherapeutic intervention for managing opioid use disorder (Johari et al., 2021).

Other studies of opioid or MG withdrawal suggested that specific brain proteins might serve as more sensitive biomarkers for physiological dependence in rats as compared to behavioral signs (Hassan et al., 2021). Clonidine treatment may attenuate MG withdrawal signs in rats (Hassan et al., 2021). Another recent study employed an open-field test and an elevated-plus maze test to evaluate naloxone-precipitated withdrawal from MG as compared to morphine, and provided additional evidence confirming that MG can induce physical dependence and measurable signs of withdrawal in rats (Harun et al., 2021a). Overall, the research is consistent with human reports that

kratom withdrawal is generally more modest and more readily self-manageable than that produced by opioids (e.g., 22 and as discussed in Factor 7).

3.1.2.6 Real World Evidence of Abuse and Dependence

Factors 4–6 discuss the public health aspects of kratom use; however, many of the same studies address Factor 1 concerning evidence for abuse and are mentioned here.

As reported by Henningfield, et al. (2018), although surveys and anecdotal reports in the US and SEA confirm that some kratom consumers reported "addiction" those studies also indicated that use "to get high" is relatively low as compared to opioids and other recreational drugs of abuse, and that use by smoking, injecting, and/or insufflating was rare as compared to opioids, stimulants and other recreational drugs (Henningfield et al., 2018a). Recent studies confirm that kratom intake can lead to dependence and withdrawal in some kratom users, but these are substantially less likely to interfere with family, social and occupational life and commitments as compared to opioid dependence. Moreover, kratom is widely viewed as a healthier and less life-impairing substance to replace drugs such as opioids, alcohol, and stimulants (Singh et al., 2014; Galbis-Reig, 2016; Swogger and Walsh, 2018; Prozialeck et al., 2019).

A variety of reports confirm kratom use to self-manage opioid withdrawal and that abstinence from high chronic kratom use is typically associated with milder symptomatology than abstinence from classical opioids (Grundmann et al., 2018; Smith et al., 2019; Garcia-Romeu et al., 2020). The conclusion of Prozialeck et al. (2019) and Grundmann et al. (2018) (Grundmann et al., 2018; Prozialeck et al., 2019) were further strengthened by two published US surveys which found that the overwhelming majority of kratom consumers reported that their use was for various health benefits and not for recreational purposes (Coe et al., 2019; Garcia-Romeu et al., 2020; Harun et al., 2021b).

3.1.3 Factor 1 Updated Conclusion

Diverse scientific approaches were employed to profile MG's abuse potential, finding no evidence of rewarding effects in the IV self-administration and ICSS models, and weak evidence of potential reward in the CPP procedure. MG only partially generalizes to morphine and more fully generalizes to the nonscheduled alpha-adrenergic agonists, phenylephrine and lofexidine. The new data suggest relatively low abuse potential as compared to morphine-like opioids, stimulants, and other drugs of abuse that demonstrate robust rewarding effects across all such abuse potential models. Similarly, MG's potential to produce physical dependence and withdrawal appears relatively low, but not absent, as compared to opioids in animal models. These findings are generally consistent with human reports that MG has a relatively low abuse and withdrawal potential as compared to recreationally used opioids but can reduce opioid self-administration and withdrawal. Surveys indicate that reducing opioid self-administration and withdrawal are among the most common reasons for kratom use in the US (also discussed in Factors 4, 5, and 6). New studies discussed in Factors 2–7 contribute further to the understanding of kratom's abuse potential, including its public health risks and benefits, that are part of the 8-factor abuse potential assessment.

3.2 Factor 2—Scientific Evidence of its Pharmacological Effects

3.2.1 Summary of 2018 Findings

MG and 7-OH-MG have some MOR mediated effects, but 7-OH-MG occurs at low concentrations in kratom leaves and is absent in many kratom product derivatives suggesting that the effects reported by kratom consumers are due primarily to MG. Some kratom effects were shown to be naloxone reversible (e.g., "pain" tolerance); however, MG and 7-OH-MG mechanisms of action were diverse and mediated by non-opioid transmitters and pathways (Kruegel and Grundmann, 2018). Thus, characterization of MG as an opioid "analog" or "narcotic like opioid" is not consistent with the overall evidence, leading Henningfield et al. (2018) to conclude "More research is clearly needed to elucidate receptor binding profiles and the diverse and probably complex mechanisms of action of the kratom alkaloids singly, in combination, and as commonly occur in marketed products and brewed extracts" (Henningfield et al., 2018a).

3.2.2 Factor 2 Science Updates

3.2.2.1 Potential Therapeutic Effects

Although neither kratom nor any of its alkaloids are approved for therapeutic use for any disorder, surveys discussed in *Factors 4, 5, and 6—History and Current Patterns of Abuse; the Scope, Significance and Duration of Abuse; what, if Any, Risk is There to the Public Health* and elsewhere (Henningfield et al., 2018a; Grundmann et al., 2018; Swogger and Walsh, 2018; Coe et al., 2019; Prozialeck et al., 2019; Garcia-Romeu et al., 2020) show individuals in the US and around the world describe using kratom for its health benefits. Research characterizing kratom's effects, mechanisms of action, and therapeutic kratom alkaloid use rapidly advanced since 2018. In a placebo-controlled cold pressor task evaluating anti-nociceptive effects, pain tolerance was significantly increased following consumption of a kratom tea-type decoction similar to Malaysian preparations (Vicknasingam et al., 2020). These data provided "the first objectively measured evidence obtained in controlled research with human subjects that are preliminarily supporting or confirming previously published reports of kratom pain relieving properties based on self-reports collected in observational studies".

Consistent with Vicknasingam et al. (2020)'s clinical findings, oral LKT administration to mice produced dose-related antinociceptive effects at doses that did not alter locomotion or produce CPP; there were brief, non-life threatening decreases in respiration (Behnood-Rod et al., 2020). Repeated LKT administration produced no physical dependence, but significantly decreased naloxone-precipitated withdrawal in morphine dependent mice, confirming MOR agonist activity and therapeutic LKT effect for treating pain and opioid physical dependence.

After investigating *in vitro* receptor binding affinity and *in vivo* morphine discrimination, antinociception in the "heated plate" pain test, and naloxone challenge tests in rats, the authors concluded "At human m-opioid receptor (MOR) *in vitro*, mitragynine has low affinity and is an antagonist . . . ". Overall, 7-OH-MG had stronger MOR mediated effects including antinociception (Obeng et al., 2021). An extensive series of tests characterized several minor indole and oxindole alkaloids that the authors suggest are insufficient in abundance to account for the biological effects of kratom but may show promise for the development of potential medicines including potential new chemical entities (Chakraborty et al., 2021a).

Several of these studies showed MOR mediated antinociceptive effects with little evidence of respiratory depression suggesting the potential to contribute to new generations of nonopioid analgesics.

3.2.2.2 Mechanisms of Action

Although kratom produces some effects in common with opioids, and some of its alkaloid's actions are mediated by MOR receptors, its effects and mechanisms of action are diverse and include non-opioid mechanisms of action and non-opioid acting constituent alkaloids, as discussed in earlier reviews (Henningfield et al., 2018a; Kruegel and Grundmann, 2018; Prozialeck et al., 2019). In 2021, Leon et al. (2021) investigated several alkaloids, including mitragynine, paynantheine and speciogynine that produce serotonergic effects potentially mediated by their metabolites. As the authors discuss, such actions would be consistent with some of the mood enhancing effects attributed to kratom (Kruegel and Grundmann, 2018; Sharma and McCurdy, 2021).

Kratom contains approximately 1–2% MG by weight, as well as other alkaloids (including 7-OH-MG) that typically are present at such low levels in kratom leaf material that it is uncertain if they contribute to kratom effects (Prozialeck et al., 2019). 7-OH-MG is present in low concentrations in natural kratom products, but gradually emerges *in vivo* as a MG metabolite. Kruegel et al. (2019) studied its role as a mediator of MG effects (Kruegel et al., 2019) summarizing "7-hydroxymitragynine is formed from mitragynine in mice and . . . brain concentrations of this metabolite are sufficient to explain most or all of the opioid-receptor-mediated analgesic activity of mitragynine . . . it suggests a possible explanation for the seemingly improved safety profile of mitragynine compared to classical opioid agonists . . . We believe mitragynine and related compounds have great potential as future therapeutics, but metabolic processes must be carefully considered as the field continues to advance." Hiranita, Sharma, Oyola et al. (2020) reported although "the conversion rate of 7-hydroxymitragynine from p.o. mitragynine is low, 7-hydroxymitragynine is a more potent and efficacious μ-opioid receptor agonist than mitragynine, suggesting that conversion to this metabolite may contribute to the *in vivo* μ-opioid activity of mitragynine" (Behnood-Rod et al., 2020).

Kratom is commonly consumed to enhance occupational performance and as a coffee substitute for energy at low doses. In an animal model of spatial learning and memory, high doses impaired memory (Hassan et al., 2019). Suhaimi, Hassan, Mansor and Müller (2021) reported changes in brain electroencephalogram (EEG) activity after acute and chronic MG exposure in rats, with strong effects on some measures at high doses, supporting the importance of more research on brain function and potential cognitive effects (Suhaimi et al., 2021).

Gutridge et al. (2020) pharmacologically characterized interactions between kratom extracts, kratom alkaloids, and synthetic carfentanil-amide opioids with G-proteins and beta-arrestin at mu, delta and kappa opioid receptors *in vitro,* and assessed whether they had rewarding properties and the degree to which they reduced alcohol intake (Gutridge et al., 2020). The authors concluded that "kratom alkaloids do not recruit β-arrestin 2 at the μOP, δOP, and κOP and can significantly reduce both moderate and binge alcohol intake in male and female mice. This pharmacological profile and effect on alcohol intake in rodents may explain why some find kratom useful to self-medicate for alcohol use disorder." These findings were further supported by the findings by Todd et al. (2020) who concluded "mitragynine and 7-hydroxymitragynine demonstrate functional selectivity for G-protein signaling, with no measurable recruitment of β-arrestin. Overall, the study demonstrates the unique binding and functional profiles of the kratom alkaloids, suggesting potential utility for managing pain, but further studies are needed to follow up on these *in vitro* findings" (Todd et al., 2020).

Hiranita et al. (2019) compared the effects of MG to morphine in behavioral and antinociception assays in rat models finding "Opioid receptors do not appear to mediate the disruptive effects of mitragynine on learned behavior. Mitragynine had lesser antinociceptive effects than morphine, and these did not appear to be mediated by opioid receptors. The pharmacology of mitragynine includes a substantial non-opioid mechanism" (Hiranita et al., 2019).

3.2.2.3 Studies of Kratom Minor Alkaloids and Their Metabolites, and Analogs

Advances in analytical methods are accelerating our understanding of the effects of numerous kratom alkaloids including liquid chromatography–tandem mass spectrometry assays that quantify kratom alkaloids in kratom leaf extracts and commercial products (Sharma et al., 2019).

Most of these alkaloids are present at de minimis levels with respect to human experience, effects, and safety; however, it is possible that while the majority of natural plant-based kratom preparation effects are mediated by MG, one or more minor alkaloids may also play a minor role and account for differences in kratom strains (Kruegel et al., 2019; Chear et al., 2021).

An *in vitro* pharmacological characterization of five kratom based minor alkaloids found that their low abundance made it unlikely that these alkaloids play a major mediating role in the biological actions of kratom consumed by humans, but this research may contribute to furthering the understanding of kratom mechanisms of action and opioid receptor function (Chakraborty et al., 2021a).

Kratom alkaloids are of interest as templates for novel synthesized molecules (i.e., analogs) for new medicines. One third to one half of FDA-approved medicines are based on natural plant product substances from which novel chemical entities were developed (Newman and Cragg, 2016; Domnic et al., 2021a). Such efforts are actively in progress characterizing a variety of indole and oxindole alkaloids, determining their chemical structures, and binding affinities for opioid and other receptors (Chear et al., 2021). One approach to the synthesis of novel MG analogs produced several partial MOR agonists with low G-protein activation (Chakraborty et al., 2021b). These analogs demonstrated robust analgesic effects but low respiratory depressant, locomotor, and conditioned place preference suggesting lower adverse effects including abuse potential.

Combinations of kratom alkaloids may inhibit cell proliferation and migration of nasopharyngeal carcinoma cells suggesting alkaloid or new analogs as potential cancer treatments (Domnic et al., 2021b).

3.2.2.4 MG Metabolism and Metabolite Profiling

Thirteen MG metabolites were identified in human liver microsomes (HLM) and S9 fraction studies (Kamble et al., 2019), and potential MG and other kratom alkaloids drug interactions were investigated including with pharmaceutic products (Kamble et al., 2020a).

7-OH-MG can be converted to pseudoindoxyl-MG in human plasma to a greater extent than is produced in mice, rats, dogs and cynomolgus monkeys, possibly explaining potential human effects and benefits that may not be predicted in animal studies alone (Kamble et al., 2020b).

3.2.3 Factor 2 Updated Conclusion

Kratom's main effects are due to the consumption of MG, but other minor alkaloids and metabolites, including 7-OH-MG, may also contribute to effects reported by consumers. Since 2018, many scientific advances improved our understanding of how these alkaloids and metabolites interact. Some alkaloids that contribute little to the effects of kratom may ultimately contribute to safer and more effective new medicines for a variety of disorders, as well as for general health and well-being. Development and approval of such products may be a decade or more in the future, but this rapidly advancing science is explaining how kratom works, and why its pain relieving, and other benefits occur with relatively low levels of abuse, dependence, and harmful decreases in respiration compared to opioids.

3.3 Factor 3—The State of Current Scientific Knowledge Regarding the Drug

3.3.1 Summary of 2018 Findings

The 2018 8-FA highlighted kratom's pharmacodynamic effects. Preclinical anti-nociceptive studies suggested that MG and 7-OH-MG produced such effects mediated by MOR receptors. Most information about the effects of long-term use in humans on various physiological, and cognitive parameters was based on anecdotal reports, case histories, and preliminary field studies in SEA. A two-compartment model best described human oral MG pharmacokinetics (Trakulsrichai et al., 2015).

3.3.2 Factor 3 Science Updates

New kratom pharmacokinetics studies in rats, mice and dogs document plasma MG, 7-OH-MG, and other alkaloids and minor metabolites over 12 h or more, with accompanying safety assessments. Six new clinical studies following long-term kratom use provide safety data on health, and organ and brain function were also conducted.

3.3.2.1 Pharmacokinetics and Pharmacodynamics Findings Related to MG and 7-OH-MG Safety

After oral administration of traditional or other natural kratom formulations to rats, greater systemic exposure was observed than that of an equivalent oral MG dose alone; no adverse events were reported (Avery et al., 2019).

Administration of 5 mg/kg oral MG (equivalent to approximately 3 mg/kg in humans) and 0.1 mg/kg IV MG to beagle dogs was well tolerated and produced no adverse events or major abnormalities in clinical parameters (Maxwell et al., 2020).

The estimated MG clearance (CL/F) was 2.21 L/h, absorption rate (Ka) 0.82/h, and volume of distribution (Vd) 30.8 L after oral 20, 40, and 80 mg/kg MG doses to rats (Jagabalan et al., 2019). Oral 55 mg/kg MG produced 85 ng/ml Cmax for 7-OH-MG, 14 times lower than the MG Cmax. Anti-nociception after IV MG and 7-OH-MG suggested that 7-OH-MG was more potent and efficacious than MG, and metabolic formation of 7-OH-MG contributes to *in vivo* MOR mediated effects of oral MG (Hiranita et al., 2020).

3.3.2.2 Pharmacokinetic and Pharmacodynamic Findings With Kratom's Minor Alkaloids

MG, 7-OH-MG, corynantheidine, speciogynine, speciociliatine, paynantheine, corynoxine, corynoxine-B, mitraphylline, ajmalicine, and isospeciofoline were analyzed in rat plasma after a variety of oral kratom products, with only MG, 7-OH-MG, speciociliatine, and corynantheidine quantifiable at 8 h (Kamble et al., 2021).

Speciociliatine pharmacokinetics were characterized following IV and oral dosing to help understand the potential contribution of this alkaloid to *in vivo* kratom administration effects (Berthold et al., 2021). Speciociliatine had higher systemic exposure and lower clearance compared to the other kratom alkaloids mitragynine and corynantheidine. Similarly, the pharmacokinetics of corynanthidine, a minor kratom alkaloid and perhaps a MOR antagonist, were determined after 2.5 mg/kg IV and 20 mg/kg oral doses to rats, yielding a 50% oral bioavailability, a 4.1 h Tmax and extensive distribution including in brain corpus callosum and hippocampus regions (King et al., 2020).

3.3.2.3 Safety Assessments From Clinical Studies

Kratom's anti-nociceptive effects in the cold pressor test are described in Factor 2 and its potential for physiological dependence and withdrawal are discussed in Factor 7 (Vicknasingam et al., 2020). This section summarizes six new clinical studies that assessed health and safety endpoints.

Leong Bin Abdullah et al. (2020) studied the lipid profiles, liver function and blood chemistries in 100 chronic kratom users and 100 healthy nonusers in Malaysia finding that the "liver parameters of the study participants were within normal range. The serum total cholesterol and LDL of kratom users were significantly lower than those of healthy subjects who do not use kratom. There were no significant differences in the serum triglyceride and HDL levels. However, higher average daily frequency of kratom use and increasing age were associated with increased serum total cholesterol among kratom users."

Singh, Muller, Murugaiyah et al. (2018) studied various hematological and clinical-chemistry parameters of kratom users in Malaysia (Singh et al., 2018a). They interviewed and collected blood samples from 58 "regular kratom users" and 19 "healthy controls." Findings showed there were no significant differences in the hematological and clinical-chemistry parameters of traditional kratom users and healthy controls, except for HDL and LDL cholesterol values; these were found to be above the normal reference range for the users. Similarly, long-term kratom consumption (>5 years), and quantity of daily kratom use (≥3 ½ glasses; mitragynine content 76.3–114.8 mg) did not appear to alter the hematological and biochemical parameters of kratom users. These data suggest that even long-term and heavy kratom consumption did not significantly alter the hematological and clinical-chemistry parameters of kratom users in a traditional setting.

Singh, Narayanan, Grundmann et al. (2020), studied the long-term effects of kratom use in thirteen people in Malaysia who used kratom longer than 20 years in a cross-sectional pilot study (Singh et al., 2020a). They summarized their results as follows: "Respondents were required to undergo a blood-test and laboratory analysis was conducted to determine the mitragynine content in an acquired street sample of kratom. The regular, long-term consumption of brewed kratom decoction did not cause any significant alterations in haematological, kidney, liver, thyroid, inflammatory and gastrointestinal analytes in a cohort of kratom users who had no history of substance misuse. However, those who had a higher intake (>3 glasses per day) of kratom exhibited higher lipid values (except for HDL-cholesterol), and a moderate elevation of homocysteine level. Long-term (>20 years with a daily intake of ≥87.54 mg mitragynine) kratom consumption was not associated with altered biochemical levels, although prolonged and chronic, frequent use (>3 glasses daily) may result in cardiovascular risks." Note that this study was not designed to determine if kratom or other factors contributed to higher lipid values.

Singh, Chye, Suo et al. (2018) conducted a preliminary study of the impact of kratom use on brain function, as assessed by brain magnetic resonance imaging, among chronic kratom users in Malaysia. They reported "There were no significant differences ($p > 0.05$) in the intracranial volume (ICV), cortical volumes (frontal, parietal, temporal, occipital, or cingulate lobe), or subcortical volumes (striatum, hippocampus, or amygdala), as well as in the diffusion tensor imaging (DTI) metrics, fractional anisotropy (FA) and mean diffusivity (MD) between kratom users and the controls. This preliminary study showed long-term consumption of kratom decoction is not significantly associated with altered brain structures in regular kratom users in traditional settings" (Singh et al., 2018b).

Singh, Narayanan, Muller et al. (2019) studied potential long-term cognitive effects associated with kratom use in kratom uses in Malaysia with assessments performed using the Cambridge Neuropsychological Test Automated Battery (Singh et al., 2019a). Relative to control participants, higher consumption (>3 glasses daily or mitragynine doses between 72.5 and 74.9 mg) of kratom tea was selectively associated with impaired performance on the Paired Associates Learning task of the Cambridge Neuropsychological Test Automated Battery, reflecting deficits in visual episodic memory and new learning.

Leong Bin Abdullah, Tan, et al., evaluated the prevalence of ECG abnormalities and QTc intervals in kratom users without histories of illicit drug use. Sinus tachycardia was higher in kratom users. Daily kratom consumption was associated with borderline QTc intervals (Leong Abdullah et al., 2021). Another study by Leong Bin Abdullah and Singh found that people who consumed four or more glasses of kratom tea daily had higher MG concentrations than lower intake consumers and this higher intake was associated with prolonged QTc intervals (Leong Bin Abdullah and Singh, 2021a). The same authors published a comprehensive review of the cardiovascular and cardiotoxic effects of kratom and came to the conclusion that limitations in studies to date do not permit definitive conclusions about the cardiovascular risks (Leong Bin Abdullah and Singh, 2021b).

3.3.3 Factor 3 Updated Conclusion

Pharmacokinetics and safety data from multiple species, kratom preparations, alkaloids, and metabolites; advances in bioanalytical assays providing more accurate and reliable findings; and data from multiple studies with MG doses many times higher than those human kratom users take are now available. These studies add to those described in Factors 1 and 2 confirming little evidence of serious adverse or life-threatening effects over a broad range of doses, dosage forms, and in four species (mouse, rat, dog, and monkey).

Other major advances in kratom science come from six clinical studies of long term kratom use effects and safety, as well as the study of anti-nociceptive effects of kratom and physiological dependence described in Factors 2 and 7. These important advances in kratom science evaluated the effects of long-term kratom use on a variety of physiological parameters including kidney and liver function, hematological parameters, cognition, and on brain function by brain magnetic resonance imaging. Although relatively small studies, none suggest serious adverse consequences of use. It is important to note that these are not definitive safety studies and cannot be used to claim that kratom has no adverse effects on any of the studied

physiological domains and limitations of each study were noted in the publications. Nonetheless, the findings are encouraging and should facilitate the conduct of more comprehensive follow-up studies.

3.4 Factors 4, 5, and 6—History and Current Patterns of Abuse; the Scope, Significance and Duration of Abuse; what, if Any, Risk is There to the Public Health

3.4.1 Summary of 2018 Findings

Note that for this update, Factors 4, 5, and 6 are considered together because they all contribute to understanding nonmedical use, recreational use and abuse, and public health impact, relying on some of the same surveys across factors. The Henningfield et al., 2018 8-FA considered all major relevant federal surveys, as well as data from internet monitoring, and more than 20,200 comments to the DEA, and concluded that there was no evidence of an imminent public health threat associated with kratom (Henningfield et al., 2018a). To the contrary, the review concluded that there were foreseeable health risks including opioid overdose and deaths if lawful kratom was banned and possession criminalized. Moreover, although kratom is not approved as safe and effective for therapeutic use, it was evident that most kratom use in the US was for health and well-being by people who personally found kratom to be more effective, tolerable, accessible and/or preferred a natural product as compared to FDA approved medicines.

3.4.2 Factors 4, 5, and 6 Science Updates

3.4.2.1 U.S. National and Federal Survey Data

Table 2 summarizes the main findings from the major national and federal surveys and other data sources. Overall, there are more similarities than differences with respect to demographics reported in this table as well as in other demographics reported in the published survey results. Prevalence appears to be substantially underestimated by the NSDUH and RADARS surveys (U.S. Department of health and Human Services, 2020; Schimmel et al., 2021).

NSDUH, RADARS, and Covvey et al. did not report reasons for use; however, many kratom users reported past or present use of opioids and/or drug addiction treatment consistent with past findings that self-management of addiction and withdrawal is a common reason for kratom use (National Institute on Drug Abuse, 2019; Coe et al., 2019; Garcia-Romeu et al., 2020; U.S. Department of health and Human Services, 2020; Schimmel et al., 2021; Covvey et al., 2020; Grundmann, 2017). Survey data incidence reports for DAWN, MTFS, NFLIS, and TEDS are apparently below the threshold for reporting as confirmed in an inquiry to NFLIS (Drug Enforcement Administration, 2020a; Drug Abuse Warning Network, 2020; Substance Abuse and Mental, 2020).

These findings do not support the conclusion that kratom use represents an imminent health threat and in fact kratom is not listed in the most recent DEA National Drug Threat Assessment (Drug Enforcement Administration, 2020b). There is no evidence that kratom is "fueling" or otherwise contributing to the opioid epidemic, though the survey data suggest that it is an informal self-management approach supporting the efforts of many opioid users to reduce and discontinue opioid use (Grundmann, 2017; Coe et al., 2019; Garcia-Romeu et al., 2020; Grundmann et al., 2021).

3.4.2.2 Kratom Use Prevalence

As mentioned in **Table 2**, the NSDUH and RADARS surveys may greatly underestimate the US prevalence and incidence of kratom use, with estimates of past year kratom use of 1,790,00–2,040,000.[3] (U.S. Department of health and Human Services, 2020; Schimmel et al., 2021). In contrast, a credible estimate based on market data suggested prevalence of 3–5 million in 2014–2015 (Botanical Education Allia, 2016).

Experts and marketers agree that the kratom market substantially expanded since that time, with kratom export data from Indonesia to the US and major marketer consensus finding that the US consumer base was likely 10–16 million. This is consistent with a nationally projectable survey estimate from 2020 concluding past year kratom use as 4.1% or 10,500,000 kratom users (Covvey et al., 2020).

3.4.2.3 Kratom Use Associated Mortality

The two most widely cited estimates of kratom associated mortality are based on world-wide reports over nearly 10 years (Food and Drug Administration, 2018; Olsen et al., 2019). FDA's statement noted that all but one involved other substances, and that case was under further investigation.[4] Medical examiners or coroners reported kratom as the cause of death in 91 (59.9%) of 152 kratom positive decedents (out of 27,338 overdose deaths in 27 states), including seven for whom kratom was the only substance positive on postmortem toxicology, although other substances could not be ruled out (Olsen et al., 2019). In approximately 80% of kratom positive or "involved" deaths, decedents had a history of "substance misuse", with 65% of cases listing fentanyl as the cause of death, 32.9% heroin, followed by benzodiazepines, prescription opioids, and cocaine. An earlier study (Gershman et al., 2019) cautioned that comprehensive toxicology might identify other substances contributing or causing death. We are not aware that any of the 93,000 drug overdoses estimated for 2020 included deaths due to kratom. That does not mean that there were no deaths in which kratom was the primary cause or a contributing factor; however, the signal is clearly low.

An assessment of various survey data concluded that the risk of kratom associated death was at least a thousand times lower than for morphine-like opioids (Henningfield et al., 2019). This is consistent with NIDA's position (National Institute on Drug Abuse, 2019) and with the 2018 DHHS kratom scheduling rescission letter and the conclusions drawn by Assistant Secretary of Health Brett P. Giroir, MD, ADM who stated:

[3]Note in a summary of RADARS data presented a few months after the Schimmel et al., 2020 publication, it was reported that the national projected past year prevalence estimate was 3.35 million.

[4]FDA never reported the results of that investigation, however, the US DHHS review that led to the 2018 withdrawal of the 2017 MG and 7-OH-MG CSA scheduling recommendation determined that the incident in question was an automobile crash not attributable to kratom use.

TABLE 2 | Summary of data sources.

Survey/Data source	Main results and comment	Other comments
Drug Abuse Warning Network (Drug Abuse Warning Networ, 2020)	No reports in DAWN from 1970 to 2011 "New DAWN" began in 2019 and has not listed kratom	
Monitoring the Future Study (Miech et al., 2021)	Kratom use is not assessed	Note that 9% of NSDUH Reports were from age 12–17 year olds
National Forensic Laboratory Information Service (Drug Enforcement Adm, 2020a)	Since 2016 NFLIS did not include MG/kratom reports because the rates are below the threshold for inclusion	
National Survey on Drug Use and Health (U.S. Department of health and Human Services, 2020)	Paid responders on national panel (n = 67,625).[6] 2019 Prevalence Lifetime Use: 1.4%; Past Year Use: 0.7%	See Grundmann et al., 2021 and Henningfield et al., 2021 comment on apparent underestimation of kratom use prevalence (Grundmann et al., 2021; Henningfield et al., 2021)
Treatment Episodes Data Set (Substance Abuse and Menta, 2020)	No reports. This does not mean there were no reports but suggests subthreshold signal	Internet chatrooms and SUD treatment clinic advertising suggests some kratom users are seeking cessation assistance
Coe et al. (2019) (Coe et al., 2019)	Internet Survey of self-identified kratom users age ≥18 (n = 2,867) 48% use for self-management of pain 10% for self-management of opioid UD or withdrawal 22% use for mood management 2.4% use to get high	
Garcia-Romeu et al. (2020) (Garcia-Romeu et al., 2020)	Internet Survey of self-identified kratom users, age ≥18 (n = 2,798) 91% use for self-management of pain 41% for self-management of opioid UD or withdrawal 67% for management of anxiety 65% for depression <3% report kratom dependence	2% met DSM-5 criteria for past-year moderate or severe kratom-related SUD, but it was rated very low on scale of concern and adverse impact
Covvey et al. (2020) (Covvey et al., 2020)	Nationally representative Internet survey of persons aged 18–59 (n = 1842) 112 (6%) reported lifetime kratom use 72% were 25–44 years old, male, employed, and at higher educational levels 24–47% of respondents indicated self-reported diagnoses for any addiction, and 43% reported previously received treatment for addiction	Similar demographics as Grundmann 2017, Coe et al., 2019 and Garcia-Romeu et al., 2020 but may have underestimated % over 50 due to 59 year old upper age limit of survey. ((Coe et al., 2019), (Garcia-Romeu et al., 2020), (Grundmann, 2017)) Reasons for use were not asked, e.g., to self-manage pain, addiction, mood
Schimmel et al. (2021) (Schimmel et al., 2021)	RADARS® survey of paid survey responder on national panel age >18 (n = 59,714) 0.8% lifetime use 44% age >35 61% male 59% past year opioid use	Reasons for use were not asked, e.g., pain, addiction, mood. See Grundmann et al., 2021 and Henningfield et al., 2021 comment on apparent under estimation of kratom use prevalence (Grundmann et al., 2021; Henningfield et al., 2021)

"There is still debate among reputable scientists over whether kratom by itself is associated with fatal overdoses" (Giroir, 2018).

3.4.2.4 Mortality Risks Projected as a Result of Banning Licit Kratom

Surveys and more than 20,000 comments to the DEA suggest that many kratom users fear resumption of opioid use and the need to resort to illicit kratom markets (Drug Enforcement Adm, 2016; Grundmann, 2017; Coe et al., 2019; Garcia-Romeu et al., 2020). It is not possible to project how many people would relapse to opioids and potentially overdose (Henningfield et al., 2018a; Henningfield et al., 2018b; Henningfield et al., 2018c; Henningfield et al., 2018d; Grundmann et al., 2018; Prozialeck et al., 2020). This was a concern of the DEA in withdrawing its 2016 kratom scheduling proposal (Ingraham, 2016b) and in the US DHHS kratom scheduling recission letter (Giroir, 2018).

3.4.2.5 Public Health and Individual Benefits of Kratom

In 2018, a systematic review of kratom use and mental health by Swogger and Walsh concluded ". . .kratom use appears to have several important mental health benefits that warrant further study. Kratom dependence is a risk for some people, though the dependence syndrome appears to be mild in its psychosocial and physiological effects relative to that of opioids. More and better research, including well-controlled, prospective studies, is necessary to further elucidate kratom's potential for good and harm and the moderators of its effects" (Swogger and Walsh, 2018). The

therapeutic potential of kratom based on surveys, anecdotal reports, and nonclinical research supports the plausibility of such benefits as discussed by other reviewers (Prozialeck et al., 2019; Hemby et al., 2019; Yue et al., 2018; Grundmann et al., 2018; Kruegel and Grundmann, 2018; Sharma and McCurdy, 2021; Swogger et al., 2018; Prozialeck et al., 2021).

The most important public health benefits with respect to mortality are widely agreed upon by kratom experts and surveys, and that is its use to self-manage opioid and other drug addiction and withdrawal symptoms, and thereby reduce use and overdose from far deadlier substances. This type of use is not unique in the US but was long reported in SEA (Raffa, 2014; Henningfield et al., 2018a). This was also reported in the first major US Internet survey of kratom use (Grundmann, 2017), as well as in subsequent surveys (Coe et al., 2019; Garcia-Romeu et al., 2020; Pain News Network (2018)). This was also a conclusion of a systematic review of 13 studies addressing kratom use and mental health in the US, SEA, and other countries and regions of the world, and a review by an international consortium of kratom researchers (Swogger and Walsh, 2018; Prozialeck et al., 2019).

While the opioid epidemic represents a highly visible and deadly epidemic in its own right, it is important to recognize that many millions use kratom as their preferred approach to managing other life-threatening disorders including pain, depression, anxiety, post-traumatic stress, fibromyalgia and more (Drug Enforcement Adm, 2016; Grundmann, 2017; Coe et al., 2019; Garcia-Romeu et al., 2020).

3.4.2.6 Kratom Use for Managing Opioid Use/Withdrawal and Other Health Reasons

In the first half-year of the COVID-19 pandemic, there was uncertainty about kratom supply by vendors and consumers, however, overall US supply was not affected. The main reasons for kratom use are pain relief (48%), anxiety, "PTSD" or depression (22%), increase energy or focus (10%), and "help cut down on opioid use and/or relieve withdrawal" (10%) (Coe et al., 2019). Side effects were generally minor, e.g., stomach upset, rarely required medical attention and rates and severity of "bad reactions" were generally similar to those reported by Grundmann (Grundmann, 2017).

Field studies with face-to-face interviews in Malaysia provide complementary evidence to US Internet surveys regarding reasons for use and potential benefits (Singh et al., 2019b). Motives related to mood and other factors in 116 regular kratom users employed the Drinking Motives Questionnaire (DMQ) to measure motives for kratom use, reported "heavy" kratom use as drinking more than three glasses daily (estimating that 1 glass contains 48.24–50.4 mg of mitragynine), with use associated with significantly higher means scores on the Coping and Enhancement scales. A field face-to-face survey of 92 long-term male kratom users found that 72 participants (78%) reported using kratom to "enhance sexual performance" and all but one found did their sexual performance did improve. Interestingly, among participants who described kratom intake for other reasons, 35% reported enhanced sexual performance (Singh et al., 2020b).

Patterns and reasons for use and demographics were investigated in 142 current and 62 former opioid polydrug users in Malaysia (Singh et al., 2020c). The alkaloid content of a kratom street sample was primarily MG, followed by paynantheine, speciociliatine, speciogynine, and "low levels" of 7-OH-MG. There were no significant differences in demographic characteristics between current and former opioid polydrug users except with respect to marital status, with current kratom users having a higher odds ratio of being single. While both current and former opioid users reported using kratom to ameliorate opioid withdrawal, current users had significantly higher likelihood of using kratom for that purpose; however, former opioid users were more likely to use kratom for mood elevating effects.

3.4.2.7 Comment on Therapeutic Use in Context of FDA Standards

It is important to note that the benefits documented in published surveys do not constitute the basis for therapeutic claims and no kratom product or kratom alkaloid is approved for therapeutic use in the US. The FDA and other federal agencies state that there is no proven therapeutic use for kratom despite evidence that millions of people in the US and many more in SEA use kratom primarily for therapeutic, beneficial use. That evidence includes peer reviewed surveys and field studies in the US and SEA, clinical and preclinical studies showing that MG's mechanisms of action are consistent with such effects. Moreover, several animal models used to predict efficacy for treating opioid use disorder, opioid withdrawal and pain demonstrated efficacy.

None of this research meets FDA's standard for therapeutic efficacy that is determined by evaluation of a New Drug Application (NDA). The NDA must be supported by "substantial evidence of effectiveness," and is defined as "evidence consisting of adequate and well-controlled investigations" (Katz, 2004; Dabrowska and Thaul, 2018). The time and cost to develop and achieve FDA approval of a product as therapeutically effective and acceptably safe varies widely but is often approximated at 10 years and 1 billion dollars (DiMasi et al., 2016; Wouters et al., 2020). Only two botanical substances, Veregen® (sinecatechins) and Mytesi™ (crofelemer), were developed as drug products consistent with FDA's Botanical Drug Guidance and both are available only as prescription drugs that is typical of new drug approvals (Food and Drug Admini, 2016).

3.4.3 Factor 4, 5, and 6 Updated Conclusions

The most important finding from new US survey evidence is that the conclusion that kratom products and kratom's primary active alkaloid, MG, pose a "serious imminent threat to public health" is not supported. This extensive survey update agrees with the Henningfield et al. (2018) conclusion: "There has been no documented threat to public health that would appear to warrant emergency scheduling of the products and placement in Schedule I of the CSA carries risks of creating serious public health problems. . .. Although kratom appears to have pharmacological properties that support some level of scheduling, if it was an approved drug, placing it into Schedule I, thus banning it, risks creating public health problems that do not presently exist" (Henningfield et al., 2018a).

The evidence shows that millions of people in the US purchase and use kratom products for improving health and are preferred to FDA approved medicines because for them, kratom products are more effective, accessible, and tolerable. Furthermore, many prefer managing health problems with natural products.

For those using kratom products in place of opioids, which appears to be approximately 1/3 of all kratom users, it is foreseeable that removing kratom from the legal marketplace would put many at risk of returning to opioid use and risking opioid overdose death. This was clearly stated in comments to the DEA and public hearings as reported in the 2018 8-FA, and in surveys. Assistant Secretary Dr. Giroir noted "... there is a significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I, such as: ... Kratom users switching to highly lethal opioids, including potent and deadly prescription opioids, heroin, and/or fentanyl, risking thousands of deaths from overdoses and infectious diseases associated with IV drug use ... " (Giroir, 2018).

3.5 Factor 7—The Psychic or Physiological Dependence Liability

3.5.1 Summary of 2018 Findings

Recently, psychic dependence is referred to simply as "dependence" or "substance use disorder" and more commonly as "addiction" though definitions of addiction vary widely (American Psychiatric Asso, 1994; World Health Organization, 1994). Physiological dependence is often used interchangeably with the most common measure of physiological dependence, namely "withdrawal" which is also considered a clinical disorder (American Psychiatric Asso, 2013).

In the 2018 8-FA, Henningfield, Fant and Wang (2018) concluded "There have not been laboratory studies of physical or psychological dependence or abuse potential in humans caused by kratom." Nor had classic animal studies employing the drug self-administration and physical dependence/withdrawal model been conducted (see Factor 2 in this report)".

Nonetheless, the real-world evidence in the published literature supported the following conclusions: "...abrupt discontinuation [of kratom use] may be accompanied by withdrawal symptoms that are qualitatively similar but generally weaker than those observed following discontinuation of opioids. However, such reports make it difficult to disentangle the emergence of preexisting symptoms that had been mitigated by kratom use from those that occur as a physiological rebound accompanying the abrupt discontinuation of kratom use in kratom-dependent people. More studies of kratom's potential to produce physical dependence, tolerance, and withdrawal are needed to characterize the nature and severity, and determinants of abstinence-associated symptoms."

3.5.2 Factor 7 Science Updates

In addition to the animal laboratory studies predictive of abuse potential, dependence, and withdrawal summarized in Factor 1, there are several new studies, surveys, and expert reviews addressing the risk and factors associated with dependence and withdrawal. A major category of kratom use is related to the typically mild and tolerable dependence and withdrawal that occurs in some frequent kratom users and the resulting use of kratom as an approach to self-management. In this context, kratom provides a harm reduction alternative to opioids in particular, but also potentially for alcohol, methamphetamine, and other drugs.

Dependence and withdrawal were addressed in a systematic review of kratom use for mental health reasons that concluded "Kratom dependence is a risk for some people, though the dependence syndrome appears to be mild in its psychosocial and physiological effects relative to that of opioids ... kratom use does not appear to result in significant respiratory depression" (Swogger and Walsh, 2018). A major category of kratom use globally was to self-manage substance use disorders, consistent with the findings discussed in Factor 1 that demonstrated low abuse and physical dependence potential, and that MG administration reduced morphine and heroin self-administration, and withdrawal signs (Hemby et al., 2019; Harun et al., 2021b).

The Vicknasingam et al. (2021) study included in Factor 2 also assessed potential withdrawal signs using the Clinical Opiate Withdrawal Scale (COWS), comparing scores when participants were administered placebo or a kratom concoction (Vicknasingam et al., 2020). Although this study was not designed to be a definitive withdrawal assessment study, and did not include an opioid comparator, it was likely that people using kratom multiple times per day for many years would have experienced pronounced withdrawal symptoms. The authors concluded "None of the participants reported withdrawal symptoms either using spontaneous self-report or had significant withdrawal symptoms based on the COWS scores... All participants reported long histories of daily kratom consumption, with high frequency of daily consumption and substantial amounts consumed. It is not possible to quantify these reports into markers that could be used to approximate amounts of plant material or active ingredients consumed. However, despite the reported long duration and high levels of daily kratom consumption, during documented kratom discontinuation lasting from 10 to 20 h, no participant reported or displayed discomfort, symptoms, or signs of potential withdrawal symptoms."

100 long term kratom users and 100 non-users in Malaysia were interviewed to assess potential symptoms related to kratom dependence and withdrawal (Leong Bin Abdullah et al., 2021). Kratom use longer than 6 years and 3 or more times per day were more likely to be associated with dependence, reduced quality of life and/or withdrawal symptoms when kratom use is discontinued. However, the authors noted that the study did not allow causative conclusions as to whether quality of life reductions are a

result of increased kratom use or if such quality of life and other demographic factors contribute to more frequent kratom use.

An internet survey assessing reasons for use and effects of use in 2,798 present and past kratom users included questions about kratom dependence, withdrawal symptoms associated with discontinuation, and use to self-manage opioid dependence (Garcia-Romeu et al., 2020). Kratom-related withdrawal symptoms were reported by 9.5% of respondents with another 17.5% reporting possible kratom-related withdrawal. This supports results of previous studies (Swogger et al., 2015; Grundmann, 2017; Smith and Lawson, 2017; Coe et al., 2019) by suggesting that kratom has a relatively benign risk profile compared to typical opioids, with only a minority of respondents endorsing kratom-related adverse effects, withdrawal symptoms, or problematic use.

Coe et al. (2019) conducted an internet survey (2,867 current, 157 former kratom users) that included similar questions as Garcia-Romeu et al. and Grundmann (2017) (Grundmann, 2017; Garcia-Romeu et al., 2020), related to opioid use and effects. Kratom use was less likely to interfere with social, family, and occupational functioning compared to conventional opioids. Kratom was used by many to reduce or completely replace prescription and nonprescription opioid withdrawal and was generally considered "very effective" for managing opioid withdrawal. Relief of anxiety (including associated with post-traumatic stress disorder), depression, as well as to increase focus or energy were other major reasons for use. The foregoing conclusions are also consistent with those of Grundmann, Babin, Henningfield et al. (2021) who stated: "Some user reports suggest that regular kratom consumption carries risks of dependency and addiction, though with generally self-manageable withdrawal" (Grundmann et al., 2021).

Singh, Narayanan, Muller et al. (2018) employed widely used psychiatric instruments (Beck Depression Inventory and Beck Anxiety Inventory) to assess potential symptoms of anxiety and depression that may accompany abrupt discontinuation of kratom use in apparently frequent chronic kratom consumers in Malaysia (Singh et al., 2018c). Most respondents (70%) experienced symptoms of mild anxiety, while 81% reported symptoms of mild depression during kratom cessation. Those who consumed higher quantities of kratom tea daily (≥4 glasses) had "higher odds of reporting longer duration of kratom use history . . . , higher frequency of daily kratom use (≥4 times), . . . and were more likely to experience moderate symptoms of depression during kratom cessation" than those who consumed less. Cessation from regular and long-term kratom tea consumption was not associated with symptoms of high anxiety or depression.

3.5.3 Factor 7 Updated Conclusion

Kratom's potential to produce psychic dependence (aka "dependence" or "use disorder") and physiological dependence (aka, "withdrawal") advanced considerably due to surveys, and preclinical and clinical studies. Several surveys in the US, field studies in Malaysia, and a clinical trial of pain relief efficacy that included assessment of withdrawal support the conclusions of the 2018 8-FA (Henningfield et al., 2018a). Some kratom users report dependence/addiction and/or withdrawal with a greater likelihood with higher levels of chronic daily consumption. In general, it is more readily self-managed and less likely to interfere with occupational, social and family activities and responsibilities compared to dependencies to opioids, alcohol, stimulants and other drugs of abuse.

It is also important to note that there is wide individual variability, and some people do experience what they consider to be strong addiction and withdrawal to kratom. At present, it appears likely that many if not most individuals had prior histories of dependence to opioids and/or other drugs. Their conditions remain of concern nonetheless and is another area warranting further study. People for whom kratom use is considered a serious problem should have the same access to treatment as anyone with a substance use disorder. Many addiction treatment providers already advertise and offer kratom use disorder treatment assistance.

Use of opioids such as methadone and buprenorphine should be judicious in people seeking help to manage their kratom use disorder and/or withdrawal. If they formerly or are perhaps still using opioids, then the possibility of treatment with buprenorphine or methadone may be more helpful and appropriate if kratom is not satisfactory. However, for people without prior histories of recreational opioid use and dependence, treating with buprenorphine or methadone may introduce individuals to opioids and may not be the best option. This could be like treating unwanted caffeine dependence with amphetamine to replace the caffeine.

4 DISCUSSION AND CONCLUSION

In 2018, there was sufficient evidence to conclude that there was no imminent public health threat nor high degree of pharmacological abuse potential that would justify scheduling, taking into consideration the serious foreseeable adverse public health consequences of thousands of former opioid users returning to opioids and risking overdose, as well as the *de facto* criminalization of millions of US citizens. Approximately 8 months after the Henningfield et al. 8-FA was published, the US DHHS came to the same conclusion and rescinded the 2017 recommendation to place MG and 7-OH-MG in Schedule I of the CSA (Giroir, 2018). Since January 2018, there was remarkable research relevant to the abuse potential and safety of kratom from the perspective of the CSA eight factors.

Two intravenous drug self-administration studies showed that MG did not substitute for morphine (Hemby et al., 2019) or heroin (Yue et al., 2018), and that MG pretreatment reduced morphine and heroin self-administration. An intracranial brain self-stimulation (ICSS) study showed that whereas morphine produced robust decreases in the brain stimulation threshold, MG and 7-OH-MG did not (Behnood-Rod et al., 2020).

In the evaluation of physical dependence and withdrawal potential, four studies showed MG did not carry morphine-like physical dependence or withdrawal potential (Harun et al., 2020; Hassan et al., 2020; Wilson et al., 2020; Johari et al., 2021). Moreover, MG pretreatment of animals reduced spontaneous

morphine withdrawal (Hassan et al., 2020). In MG physically dependent animals, withdrawal signs were qualitatively different and much weaker than morphine, consistent with its mixed mechanisms of action (Johari et al., 2021). In a mouse physical dependence model (Wilson et al., 2020), naloxone precipitated withdrawal in morphine- but not MG LKT-maintained animals, while LKT pretreatment significantly reduced withdrawal in the morphine-maintained mice.

These findings are consistent with new US survey data showing relatively low self-reported kratom addiction rates, with most people describing MG use to manage pain, depression, anxiety, opioid and other drug use disorders and withdrawal, and to increase alertness, focus and work performance. In addition, kratom dependence and withdrawal are generally weaker and more readily self-managed relative to opioids.

Extensive *in vitro* and *in vivo* animal neuropharmacology studies of the mechanisms of action of MG, 7-OH-MG and other alkaloids illustrate that they are not appropriately designated as opioids, opioid analogs, or "atypical opioids," though some are partial agonists with low potential to recruit beta arrestin and produce respiratory depression. 7-OH-MG produces stronger MOR mediated opioid effects on abuse potential related measures and antinociception, but naturally occurs at levels so low as to not contribute meaningfully to kratom effects. This supports recommendations that regulations should prohibit kratom products with 7-OH-MG concentrations greater than occur safely in nature.[5]

Safety assessments in pharmacokinetic and pharmacodynamic studies confirm that kratom based extracts and individual alkaloids at far higher doses than consumed by humans do not appear to carry substantial mortality risk, with one analysis suggesting a mortality risk at least 1000 times less than illicit opioids (Henningfield et al., 2019). Results support the US DHHS conclusion that "experts disagree on whether kratom by itself causes overdose deaths" (Giroir, 2018; National Institute on Drug Abuse, 2019). This does not imply that kratom does not carry a mortality risk—most substances do under certain conditions and exposure levels, another important area for further research.

As to the question of whether or not kratom poses an imminent public health threat, no analysis of factors 4–6 of the 8 CSA factors, including the FDA analysis (Food and Drug Administration, 2017b), revealed kratom to pose an imminent public health risk. The US has the most comprehensive survey data to address the need for temporary or "emergency" placement of substances into CSA Schedule I. Yet none of the major surveillance systems identified such a public health threat. This includes the old and new Drug Abuse Warning Network, Monitoring the Future, National Survey on Drug Use and Health, RADARS®, or the Treatment Evaluation Data Set. DEA's National Forensic Laboratory Information System mentioned kratom reports from 2010–2016 but none thereafter because the signal remained low. Neither has kratom been included in any DEA Annual National Drug Threat Reports.

The primary public health consequences of kratom use are well documented by four surveys of more than 20,000 kratom consumers summarized in this review, by Henningfield et al., 2018 (Henningfield et al., 2018a), and more than 20,000 comments to DEA (Drug Enforcement Adm, 2016) suggesting that millions of US citizens use kratom for health and well-being and many to self-manage opioid and other drug withdrawal and use disorders as their preferred approach. Many kratom users believe kratom is more effective, tolerable and/or accessible than other pharmaceuticals (Grundmann et al., 2018; Swogger and Walsh, 2018; Prozialeck et al., 2019; Prozialeck et al., 2020).

There are problems with kratom product purity (e.g., Prozialeck et al., 2020) (Prozialeck et al., 2020) and adulteration (Prozialeck et al., 2019) in the consumer marketplace. A scheduling imposed kratom ban would likely worsen these problems because kratom marketing would not discontinue and consumer demand would not cease, rather marketing would switch from regulatable lawful to illicit kratom suppliers. More states and ideally the US federal government could address these issues by product performance standards and regulatory approaches guided by science and informed through a federal rule-making approach.

Remarkably, as discussed in several reports (Henningfield et al., 2019; Prozialeck et al., 2019; Henningfield et al., 2021), there has yet to emerge a generally accepted estimate of the number of current US kratom consumers, which current ranges from approximately 2 to more than 10 million (see factors 4–6 and Henningfield et al., 2021) (Henningfield et al., 2021). As noted by Henningfield et al., 2018 and bluntly stated in the US DHHS scheduling rescission letter (Giroir, 2018), surveys need to address such issues before any action to ban consumer kratom sales and possession is contemplated. As stated in the DHHS letter:

"Further analysis and public input regarding kratom and its chemical components are needed before any scheduling should be undertaken. It is important that we have additional information to justify scheduling, such as:

- A scientific assessment of how many Americans utilize *kratom,* and an understanding of the geographic and demographic distribution of these users (Factors 4, 5);
- A scientific assessment of the actual scale and degree of dependence and/or addiction of Americans utilizing *kratom* (Factors 1, 5, 7);
- A scientific determination based on data whether *kratom* actually serves as a gateway drug that promotes further use of more dangerous opioids (Factors 1, 4, 5).
- A valid prediction of how many kratom users will suffer adverse consequences if kratom is no longer available, including among people with intractable pain, psychological distress, risk for suicide; and/or people who might transition to proven deadly opioids such as prescription opioids, heroin, or fentanyl.

[5]Five states (AZ, GA, NV, OK, and UT) have taken this approach in their kratom consumer protection regulations and law but setting actual performance standards to address the variety of kratom based products would be seem best done by FDA which has extensive experience in such matters and could take a federal rule making approach that ensures input from diverse stakeholders representing science, public health, consumers, and the industry that prepares and manufactures kratom products.

- A scientifically valid assessment of causality in the current few deaths in which *kratom* was co-utilized with known lethal drugs such as fentanyl (Factors 1, 2, 3, 5 and 6)" (Giroir, 2018).

By law, scheduling considers diverse evidence including chemistry and pharmacology, level of abuse potential, physiological dependence determined in animal and human studies, as well as assessment of individual and public health risks and benefits. Taking all of these factors into account, this review provides stronger evidence than was available to Henningfield et al., or the US DHHS in 2018 (Henningfield et al., 2018a; Giroir, 2018) to recommend not only that CSA scheduling is not warranted but that CSA scheduling carries a substantial foreseeable risk of thousands of opioid overdose deaths as well as depriving millions of US citizens of one of their preferred health management assets. The fact that possession of kratom by millions of US citizens would be criminalized as a heroin-like drug felony offense is not a CSA consideration but should not be ignored.

In conclusion, we do not recommend scheduling kratom or any of its alkaloids in the CSA. We do recommend accelerated research to address the many questions raised in this review, including support of the potential development of new medicines with potential better safety and/or efficacy profiles for a variety of diseases. Finally, we recommend that the US federal government and other nations consider approaches to kratom regulation as are presently being pioneered in five US states.

AUTHOR CONTRIBUTIONS

JH was the primary scientist/investigator, and lead the identification of articles, writing, and analysis. DW supported writing, research, and analysis. MH provided toxicological analysis of articles and supported writing and analysis.

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Abuse liability and therapeutic potential of the *Mitragyna speciosa* (kratom) alkaloids mitragynine and 7-hydroxymitragynine

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ABSTRACT

Kratom, derived from the plant *Mitragyna speciosa,* is receiving increased attention as an alternative to traditional opiates and as a replacement therapy for opiate dependence. Mitragynine (MG) and 7-hydroxymitragynine (7-HMG) are major psychoactive constituents of kratom. While MG and 7-HMG share behavioral and analgesic properties with morphine, their reinforcing effects have not been examined to date. 7-HMG, but not MG, substituted for morphine self-administration in a dose-dependent manner in the rat self-administration paradigm. Following the substitution procedure, re-assessment of morphine self-administration revealed a significant increase following 7-HMG and a significant decrease following MG substitution. In a separate cohort, 7-HMG, but not MG, engendered and maintained intravenous self-administration in a dose-dependent manner. The effects of pretreatment with nalxonaxine (NLXZ), a μ1 opiate receptor antagonist, and naltrindole (NTI), a δ opiate receptor antagonist, on 7-HMG and morphine self-administration were also examined. Both NLXZ and NTI reduced 7-HMG self-administration, whereas only NLXZ decreased morphine intake. The present results are the first to demonstrate that 7-HMG is readily self-administered, and the reinforcing effects of 7-HMG are mediated in part by μ and δ opiate receptors. In addition, prior exposure to 7-HMG increased subsequent morphine intake whereas prior exposure to MG decreased morphine intake. The present findings indicate that MG does not have abuse potential and reduces morphine intake, desired characteristics of candidate pharmacotherapies for opiate addiction and withdrawal, whereas 7-HMG should be considered a kratom constituent with high abuse potential that may also increase the intake of other opiates.

Keywords 7-hydroxymitragynine, addiction, mitragynine, opiate, reinforcement, self-administration.

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INTRODUCTION

The increasing use of kratom (*Mitragyna speciosa korth*; aka *thang, kakuam, thom, ketum, biak biak*), a plant indigenous to Southeast Asia, has emerged as a public health concern in the US. Kratom has been used traditionally to combat fatigue and increase work productivity amongst farm populations in Southeast Asia. Kratom leaves are chewed or made into an extract and brewed (Hassan *et al.* 2013; Warner, Kaufman, & Grundmann 2016), and consumption is reported to produce stimulation (at low doses) and opiate-like effects (at higher doses) including analgesia, antitussive, antidiarrheal, and anti-inflammatory effects. Historically, kratom has also been used to reduce the intensity and duration of opiate withdrawal symptoms (Boyer *et al.* 2008; Ward *et al.* 2011; Cinosi *et al.* 2015; Warner *et al.* 2016); however, studies assessing the clinical efficacy of kratom are limited. In Southeast Asia, regular kratom use has been associated with physical dependence and withdrawal symptoms (Suwanlert 1975; Saingam *et al.* 2013; Singh, Muller, & Vicknasingam 2014), effects attributed in large part to mitragynine (MG). In the United States, there is growing concern regarding the safe use of kratom based on reports of addiction (Sheleg & Collins 2011; Galbis-Reig 2016) and toxicity and fatalities associated with use

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(McWhirter & Morris 2010; Neerman, Frost, & Deking 2013; Singh, Narayanan, & Vicknasingam 2016; Drago *et al.* 2017; Fluyau & Revadigar 2017).

Various strains of kratom are widely available over the internet as well as in various locations throughout the country. Forecasting models indicate kratom use will continue to increase in the United States (Stogner 2015). Currently, kratom consumption remains legal in the majority of states in the US. FDA's associate commissioner for regulatory affairs has stated that the FDA has 'identified Kratom as a botanical substance that poses a risk to public health and has the potential for abuse' (Food and Drug Administration, 2016). Concerns about Kratom have led the FDA to issue an import alert and public health advisory and the DEA to include kratom on the list of Drugs and Chemicals of Concern.

Kratom leaves contain more than 25 identified alkaloids (Hassan *et al.* 2013). Mitragynine (MG) and 7-hydroxymitrgynine (7-HMG), the main psychoactive alkaloids of kratom, constitute approximately 60 and 2 percent of the plant's alkaloids, respectively (Prozialeck, Jivan, & Andurkar 2012). MG and 7-HMG are partial agonists at the μ opiate receptor and weak antagonists at δ and κ opiate receptors (Kruegel *et al.* 2016; Varadi *et al.* 2016), with 7-HMG exhibiting approximately 5-fold greater affinity at the μ opiate receptor compared to MG. Assays of opiate receptor-mediated G-protein function reveal similar potencies for MG and 7-HMG (Kruegel *et al.* 2016; Varadi *et al.* 2016). While both compounds exhibit naloxone-sensitive antinociceptive activity, 7-HMG exhibits 40-fold greater potency than MG and 10-fold greater potency than morphine in these assays (Takayama *et al.* 2002; Matsumoto *et al.* 2004). Repeated administration of 7-HMG produces tolerance to the compound's analgesic effects as well as cross-tolerance to morphine's antinociceptive action (Matsumoto *et al.* 2005). Chronic consumption of kratom as well as repeated administration of 7-HMG induces physical dependence as determined by naloxone-precipitated withdrawal (Matsumoto *et al.* 2005).

Few studies have examined the abuse/addiction potential of MG and 7-HMG. The absence of controlled studies in humans creates space for basic science studies to provide critical information to help guide use and policy decisions. The abuse liability of compounds is generally assessed in animal models using drug discrimination, place conditioning and/or self-administration paradigms —all of which address different aspects of abuse. Studies in animal models have provided considerable insight into the behavioral effects of MG and 7-HMG as well as the potential neurobiological mechanisms underlying those effects. Acute administration of MG increases locomotor activity, induces anxiolytic effects and induces conditioned place preference (Yusoff *et al.* 2016), while repeated MG administration induces locomotor sensitization but impairs performance on a variety of cognitive tasks (Yusoff *et al.* 2016; Ismail *et al.* 2017). Moreover, MG and 7-HMG fully generalize to the discriminative stimulus effects of morphine, suggesting the potential for abuse (Harun et al., 2015).

The reinforcing effects of drugs are an important indicator of abuse liability which is typically evaluated using drug self-administration procedures. Inherent in the operational definition of reinforcement is the contingency between behavior and drug administration, an important differentiation between self-administration and place conditioning and drug discrimination. Drug self-administration is widely accepted as the gold standard of measurements for abuse liability (Katz 1989; Hemby 1999; Lynch & Hemby 2011). In spite of the concern of the potential abuse liability of MG and 7-HMG in humans, no published studies to date have examined the ability of these compounds to maintain self-administration in experimental subjects. To that end, we assessed that ability of MG and 7- HMG to substitute for morphine self-administration and to engender and maintain self-administration in drug naïve animals. Additionally, the contribution of μ and δ opiate receptors on the reinforcing effects of 7-HMG was examined. Results of these studies provide an objective assessment of the abuse potential of MG and 7-HMG in a rodent model that recapitulates key features of human drug taking.

MATERIALS AND METHODS

Subjects

Male Fischer 344 rats (100–130 days; Charles River, Wilmington, MA) were housed in a temperature-controlled vivarium on a 12-hour reversed light/dark cycle (lights on at 6:00 PM). Rats were group-housed two per cage with water available *ad libitum*. Food was restricted such that rats were maintained at 90 percent of their free feeding weight throughout the experiment. Experimental sessions were conducted during the dark phase of the light/dark cycle. All procedures were performed in accordance with the High Point University Institutional Animal Care and Use Committee and the National Institutes of Health Guide for the Care and Use of Laboratory Animals (NIH Publication No. 80-23) revised in 1996.

Chemicals

Mitragynine was isolated according to published procedures (Ponglux *et al.* 1994). 7-HMG was synthesized from mitragynine by McCurdy's research group, Department of BioMolecular Sciences, University of Mississippi, as previously published (Ponglux *et al.* 1994; Takayama *et al.* 2002). Mitragynine and 7-HMG were analyzed by ^{1}H NMR, ^{13}C NMR, elemental analysis, HPLC and HR-MS,

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and were found to be >99 percent pure. Morphine SO_4 was purchased from Gallipot, Inc. (St. Paul, MN), penicillin G procaine from Butler Company (Columbus, OH), propofol, ketamine HCl (Ketaset), xylazine (Xylamed) from Patterson Veterinary Supply, Inc. (Greely, CO), naltrindole and naloxonazine from Tocris Bioscience/Biotechne (Minneapolis, MN). Drugs were dissolved in heparinized saline. Morphine, MG and 7-HMG were infused in a volume of 200 µl.

Behavioral apparatus and training

Operant apparatus

Experiments were conducted in operant conditioning chambers (ENV-008CT; Med Associates, St. Albans, VT) enclosed in sound-attenuating cubicles (ENV-018; Med Associates). The front panel of the operant chambers contained a response lever (4 cm above the floor and 3 cm from the side wall), a cue light (3 cm above the lever) and a food chute centered on the front wall (2 cm above the floor) that was connected to a food pellet dispenser (ENV-023; Med Associates) located behind the front wall and a tone generator to mask extraneous noise. A syringe pump (PHM-100; Med Associates) holding a 20-ml syringe delivered infusions. A counterbalanced arm containing the single channel liquid swivel was located 8–8.5 cm above the chamber and attached to the outside of the front panel. An IBM compatible computer was used for session programming and data collection (Med Associates Inc., East Fairfield, VT).

Lever training

Subjects were transferred to the operant chambers for daily experimental sessions, and responding was engendered and maintained by delivery of food pellets (45-mg pellets; Noyes, Lancaster, NH) under an FR 1 schedule of reinforcement that was gradually increased to FR3 (every third response produced a food pellet). The lever light was illuminated when the schedule was in effect. Completion of the response requirement extinguished lights, delivered food and was followed by a 20-second timeout (TO) period during which all lights were extinguished, and responses had no scheduled consequences. After the TO, the lights were illuminated, and the FR schedule was again in effect. Sessions lasted 20 minutes or until 30 food pellets were delivered. Responding was considered stable when there was less than 10 percent variation in the number of reinforcers for three consecutive sessions.

Intravenous jugular surgery

After operant responding was acquired and maintained by food, subjects surgically implanted with an intravenous jugular catheter. Venous catheters were inserted into the right jugular vein following administration of ketamine (90 mg/kg; IP) and xylazine (5 mg/kg; IP) for anesthesia as described previously (Pattison *et al.* 2012; Pattison *et al.* 2014; McIntosh *et al.* 2015). Catheters were anchored to muscle near the point of entry into the vein. The distal end of the catheter was guided subcutaneously to exit above the scapulae through a Teflon shoulder harness. The harness provided a point of attachment for a spring leash connected to a single-channel fluid swivel at the opposing end. The catheter was threaded through the leash and attached to the swivel. The other end of the swivel was connected to a syringe (for saline and drug delivery) mounted on a syringe pump. Rats were administered penicillin G procaine (75 000 units in 0.25 ml, i.m.) and allowed a minimum of 5 days to recover before self-administration studies were initiated. Hourly infusions of heparinized saline were administered through the catheter to maintain functional catheters. The health of the rats was monitored daily by the experimenters and weekly by institutional veterinarians per the guidelines issued by the Institutional Animal Care and Use Committee and the National Institutes of Health. Infusions of propofol (6 mg/kg; i.v.) were manually administered as needed to assess catheter patency.

Rats were transferred to the operant chambers for daily two-hour self-administration sessions. Before each session, the swivel and catheter were flushed with 500 µl of heparinized saline before connecting the catheter to the syringe via a 20 ga luer hub and 28 ga male connector. The start of each session was indicated by the illumination of the house light, stimulus light above the lever and the extension of the lever. Completion of the response requirement was followed by a 20-second time out (FR3:TO 20 seconds) during which time the subject received a 200-µl intravenous infusion over the first 6 seconds, retraction of the lever, extinguishing of lever light, generation of a tone and illumination of the house light. At the end of the TO, the lever was extended, lever light illuminated, tone silenced and the house light extinguished (Hemby, Smith, & Dworkin 1996; Hemby *et al.* 1999; McIntosh *et al.* 2015).

Experiment 1: Substitution for morphine self-administration

Self-administration was engendered using 100 µg/inf of morphine sulfate. When responding was stable (two consecutive sessions in which the number of reinforcers did not vary by more than 20 percent), the dose was changed to 50 µg/inf. Following stable responding at this dose, saline was substituted for morphine until responding stabilized. Following the conclusion of extinction testing, rats were assigned to one of two groups to

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receive MG (n = 9; 25, 50, 100 and 150 μg/inf) or 7-HMG (n = 8; 2.5, 5, 10 and 20 μg/inf)—doses were randomized. The dose range for MG self-administration was based on the finding that equivalent doses of morphine and MG induced place conditioning in rats (Yusoff *et al*. 2016). The dose range for 7-HMG was based on the finding that 7-HMG substitutes for morphine in the drug discrimination procedure at a dose five-fold lower than the training dose of morphine. Once responding stabilized for a particular dose, the next dose was made available the following session until all doses mentioned above were assessed. After all doses had been assessed for a subject within a group, the rat was allowed to self-administer morphine (50 and 100 μg/inf) to determine the effect of prior drug history on subsequent morphine intake.

Experiment 2: Acquisition of self-administration

Whereas substitution procedures may be more sensitive for determining the reinforcing effects of a compound, acquisition procedures assess only the reinforcing effects of a single compound, without the potential confound of prior drug associations. The ability of MG and 7-HMG to engender and maintain responding without prior drug history was determined in a separate cohort of rats. Rats were assigned to one of three groups to self-administer MG (n = 8; 100 μg/infusion), 7-HMG (n = 8; 10 μg/infusion) or morphine (n = 6; 100 μg/infusion). Following stable responding at the initial dose, rats in the MG group were given access to 25 and 50 μg/infusion MG, 7-HMG group was allowed to self-administer 5.0 and 2.5 μg/infusion 7-HMG, while rats in the morphine group were allowed to self-administer 50 μg/infusion morphine. The presentation of doses for MG and 7-HMG was randomized following the initial dose.

Experiment 3: Selective opiate receptor antagonism of morphine and 7-HMG self-administration

To determine the contribution of μ and δ opiate receptors on the reinforcing effects of 7-HMG, rats that had previously acquired morphine and 7-MHG self-administration were administered naloxonazine (NLXZ), a selective μ1 receptor antagonist or the δ receptor antagonist naltrindole (NTI). NLXZ (5 and 15 mg/kg, i.p.) and NTI (0.5 and 5 mg/kg, i.p.) were administered 30 minutes before the session. The effects of saline pretreatment and saline extinction on responding were also assessed.

Data analysis

Experiment 1

Morphine self-administration as well as MG and 7-HMG substitution was analyzed using a one-factor ANOVA (Dose). Morphine self-administration before and after MG and 7-HMG substitution was analyzed using a two-way ANOVA (Dose × Pre/Post). Analysis of three days following MG and 7-HMG substitution was conducted using a two-way repeated measures ANOVA (Dose × Pre/Post) with Sessions as the repeated measure. **Experiment 2.** Acquisition of self-administration was analyzed using one-factor ANOVA (Dose) ANOVA and number of infusions as the dependent measure. **Experiment 3.** Comparisons between baseline intake and intake following saline pretreatment were conducted using two-tailed paired t-test for both the morphine and 7-HMG groups. The effects of NLXZ and NTI on morphine and 7-HMG were analyzed independently using a one-factor ANOVA (Antagonist Dose). Analysis of the session in which the antagonists or saline were administered, and the following session was conducted using a two-way repeated measures ANOVA (Dose × Day) with Sessions as the repeated measure. The number of infusions was the dependent variable for analyses. Where appropriate, post hoc analyses were conducted using Tukey's test.

RESULTS

Substitution and reintroduction of morphine

Responding was engendered and maintained by morphine at the doses tested [$F(2,17) = 24.4$, $P < 0.0001$]. Morphine self-administration was dose-dependent with both morphine doses significantly greater than saline and 50 μg greater than 100 μg/infusion ($P < 0.05$) (Fig. 1a). MG was not reliably self-administered when substituted for morphine [$F(4,38) = 0.51$, $P = 0.73$]. MG intake was not significantly different from vehicle, suggesting that MG does not function as a reinforcer at the doses tested (Fig. 1b). In contrast, 7-HMG substituted for morphine with intake dependent on the dose available [$F(4,32) = 6.3$, $P = 0.0009$]. The number of infusions obtained for 5 and 10 μg/inf were significantly greater than vehicle ($P < 0.05$), confirming that these doses of 7-HMG functioned as reinforcing stimuli. 7-HMG resulted in an inverted 'U'-shaped dose-effect function with maximal intake observed at 5 and 10 μg/inf (Fig. 1c).

Following completion of the substitution protocol, morphine self-administration was re-assessed. Morphine intake was significantly altered by both MG [$F(1,32) = 5.5$, $P = 0.025$] and 7-HMG [$F(1,24) = 12.92$, $P = 0.0015$], albeit in opposite directions. MG exposure significantly reduced morphine self-administration of 50 μg ($P < 0.01$), but not 100 μg [Fig. 1d (top panel)]. The decrease in morphine self-administration (50 μg) was not observed on the first day following MG exposure but was significantly decreased on days two and three Fig. 1c (middle panel)].

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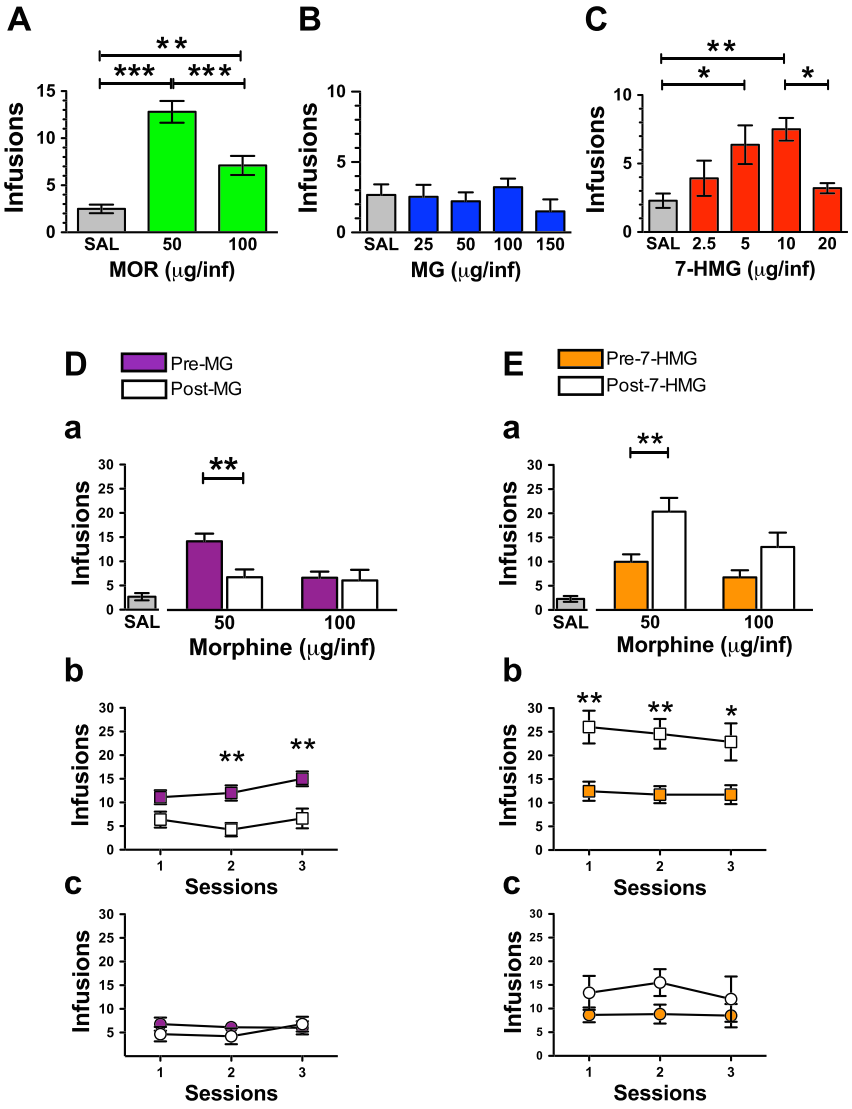


Figure 1 Substitution of MG and 7-HMG following morphine self-administration and the impact on subsequent morphine self-administration. (a) Morphine was reliably self-administered in a dose-dependent manner (***$P < 0.001$ saline versus 50 μg/inf and 50 versus 100 μg/inf, **$P < 0.01$ saline versus 100 μg/inf). (b) MG did not substitute for morphine (100 μg/inf) at any of the doses tested. (c) 7-HMG substituted for morphine (100 μg/inf) in a dose-dependent manner (*$P < 0.05$ saline versus 5 μg/inf, 10 versus 20 μg/inf, $P < 0.01$ saline versus 10 μg/inf). (d, e) Comparisons were made between morphine self-administration pre-exposure and post-exposure to MG ($n = 9$), and 7-HMG ($n = 7$) substitution. (d) Top panel: Comparison of morphine intake pre-MG exposure versus post-MG exposure revealed a significant difference in self-administration (**$P < 0.01$, pre-MG exposure versus post-MG exposure for 50 μg/inf). (d) Middle panel: Assessment of morphine self-administration for 3 days following MG exposure revealed a decrease in intake of 50 μg/inf morphine compared to pre-MG exposure levels (**$P < 0.01$ sessions 2 and 3 pre-exposure versus post-exposure to MG). (d) Bottom panel but had no change in morphine self-administration of 100 μg/inf across the 3 days. (e) Top panel, Comparison of morphine intake pre-7-HMG exposure versus post-7-HMG exposure revealed a significant difference in self-administration (**$P < 0.01$, pre-7-HMG exposure versus post-7-HMG exposure for 50 μg/inf morphine). (e) Middle panel: Substitution of 7-HMG resulted in a significant increase in morphine self-administration (50 μg/inf) for the 3 days following 7-HMG exposure (**$P < 0.01$ sessions 1 and 2, *$P < 0.05$ session 3 pre-exposure versus post-exposure to 7-HMG). (e) Bottom panel whereas self-administration of 100 μg/inf of morphine was not altered by 7-HMG exposure. Data are expressed as mean ± s.e.m.

Intake of 100-μg morphine did not differ from saline before or following exposure to MG [Fig. 1d (bottom panel)].

In contrast, 7-HMG administration significantly increased self-administration of 50-μg morphine ($P < 0.01$), and there was a trend towards increased intake of 100-μg morphine ($P = 0.054$) [Fig. 1e (top panel)]. Morphine self-administration (50 μg) was significantly elevated for the three days following 7-HMG exposure by 109, 110 and 95 percent, respectively

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[Fig. 1e (middle panel)]. Self-administration of 100-μg morphine was also increased for the 3 days following 7-HMG exposure by 53, 75 and 41 percent, respectively [Fig. 1e (bottom panel)]. We also determined whether morphine self-administration was altered by forced abstinence for an equivalent number of days to the substitution procedure. Morphine intake was not altered by the forced abstinence period [$F(1,20) = 8$, $P = 0.1523$], suggesting that the amount of time between morphine self-administration availability did not influence intake (*data not shown*).

Acquisition of self-administration

Following the assessment of the ability of MG and 7-HMG to substitute for morphine self-administration, we assessed the ability of MG and 7-HMG to engender and maintain responding in a separate cohort of rats. Morphine was readily self-administered at the doses tested [$F(2,17) = 24$, $P < 0.0001$]. Self-administration of 50 and 100 μg was greater than saline and the number of infusions obtained for the 50 μg/inf was significantly greater than 100 μg/inf (Fig. 2a). In contrast, access to MG did not reliably engender or maintain self-administration at any of the doses tested [$F(3,31) = 2.255$, $P = 0.1038$] as intake was not significantly different from vehicle, indicating that MG does not function as a reinforcer in this procedure at the doses tested (Fig. 2b). Similar to morphine, rats self-administered 2.5, 5 and 10 μg/infusion of 7-HMG [$F(3,31) = 6.2$, $P = 0.0024$]—the same doses that substituted for morphine self-administration (Fig. 2c). The number of infusions obtained 5 and 10 μg/inf was significantly greater than vehicle ($P < 0.05$), demonstrating that these doses served as reinforcing stimuli. Intake for 2.5 and 20 μg/inf 7-HMG did not significantly differ from vehicle. Comparison of saline intake for all groups revealed there was no statistically significant difference between the groups [$F(2,22) = 2.99$, $P = 0.0731$]. Tukey's post hoc test revealed there was no statistically significant difference between any of the group pairs.

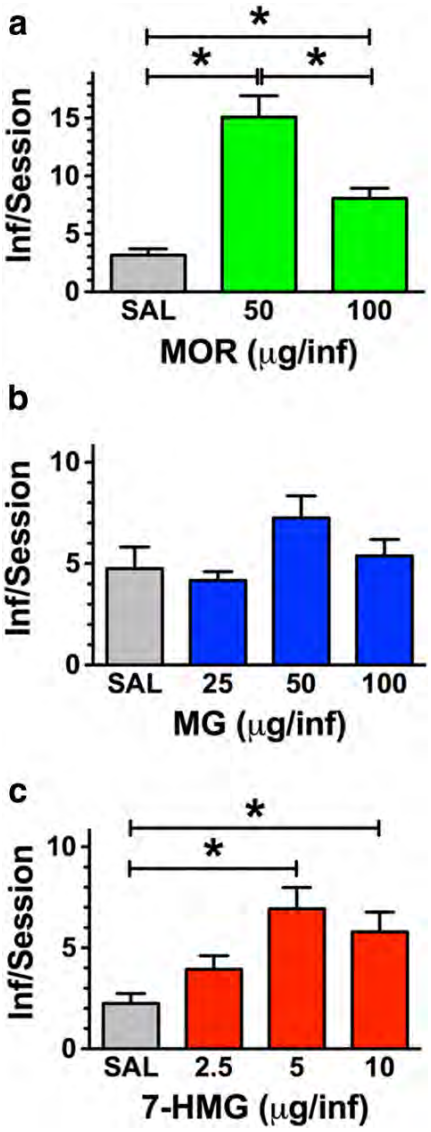


Figure 2 Acquisition of intravenous self-administration with 7-HMG but not MG. (a) Rats acquired morphine self-administration, and intake was dose dependent. (b) Rats did not acquire self-administration of MG at any of the doses tested. (c) However, a separate cohort of rats acquired self-administration of 7-HMG. $n = 8$ rats. Data are expressed as mean ± s.e.m. $^{*}P < 0.05$, $^{**}P < 0.01$, $^{\#}P < 0.0001$

Antagonist effects on 7-HMG and morphine self-administration

The effects of the selective μ opiate receptor antagonist NLXZ and the δ receptor antagonist NTI on morphine (50 μg/inf) and 7-HMG (5 μg/inf) self-administration were examined. The selection was based on doses that maintained the highest intake for morphine and 7-HMG self-administration, respectively. NLXZ pretreatment attenuated morphine self-administration [$F(2,15) = 76$, $P < 0.0001$] [Fig. 3a (left panel)]. Both 5 and 15 mg/kg NLXZ produced a significant decrease in the number of infusions for morphine ($P < 0.05$); however, there was no significant difference in the number of infusions between the doses. Morphine intake was significantly decreased the day of NLXZ pretreatment for both doses ($P < 0.001$) and returned to control levels the following session [Fig. 3a (right panel)]. Pretreatment with NLXZ also significantly reduced 7-HMG self-administration [$F(2,22) = 39$, $P < 0.0001$] [Fig. 3b (left panel)]. Both NLXZ doses significantly reduced 7-HMG

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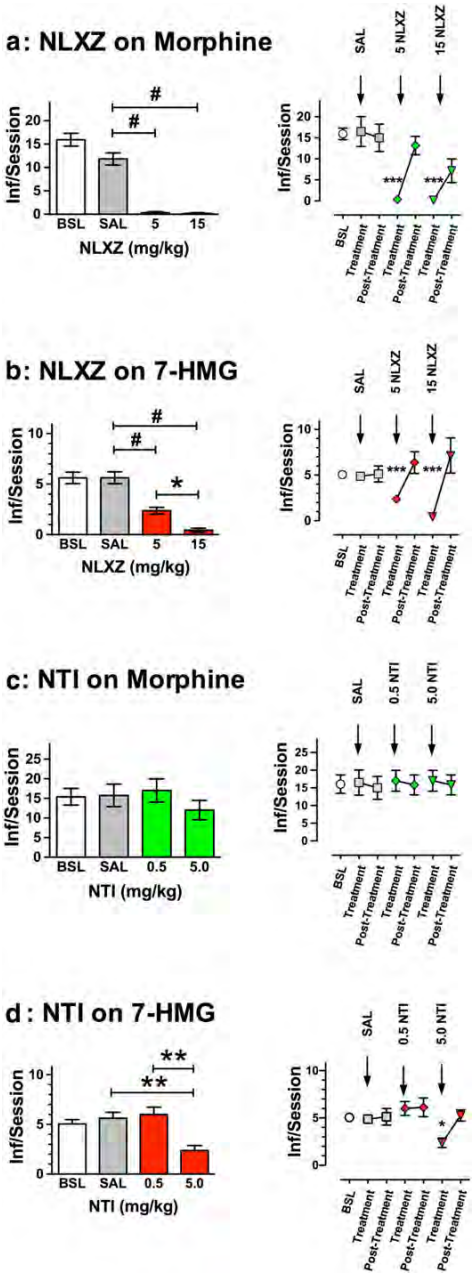


Figure 3 Selective μ and δ opiate receptor antagonist pretreatment alters 7-HMG self-administration. Effects of NLXZ on morphine (50 μg/inf) and 7-HMG (5 μg/inf) self-administration. Baseline drug intake was not significantly different than intake following saline pretreatment for morphine analysis or 7HMG analysis. (a) Left panel NLXZ significantly reduced the number of morphine infusions compared to saline pretreatment ($^{\#}P < 0.0001$, saline versus 5 and 15 mg/kg NLXZ). (a) Right panel There was a significant interaction between NLXZ doses and sessions with infusions on the day of pretreatment significantly less than following saline pretreatment for the 15 mg/kg NLXZ dose ($^{***}P < 0.001$). (b) Left panel NLXZ decreased 7-HMG self-administration, the effect was dose dependent ($^{\#}P < 0.0001$, $^{*}P < 0.05$) and (b) right panel There was a significant interaction between NLXZ doses and sessions with infusions on day of pretreatment significantly less than following saline pretreatment for both NLXZ doses. We also examined the effects of NTI on morphine (50 μg/inf) and 7-HMG (5 μg/inf) self-administration. Baseline drug intake was not significantly different than intake following saline pretreatment for morphine analysis and 7HMG analysis. (c) Left panel NTI did not significantly alter morphine self-administration at either dose tested. (c) Right panel No significant interaction of NTI dose and session was observed. (d) Left panel Pretreatment with NTI decreased 7-HMG self-administration in a dose-dependent manner ($^{**}P < 0.01$, saline versus 5.0 mg/kg NTI, 0.5 versus 5.0 mg/kg NTI) and (d) right panel There was a significant interaction between NTI doses and sessions although Bonferroni's post hoc analysis did not reveal any significant differences between saline and NTI pretreatment for either day. Data are expressed as mean ± s.e.m.

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intake compared to saline ($P < 0.0001$), although intake following 15 mg/kg was significantly less than following 5 mg/kg ($P < 0.05$). For both doses, 7-HMG intake was significantly reduced the day of NLXZ pretreatment ($P < 0.001$) and returned to control levels the following session [Fig. 3b (right panel)]. Comparison of baseline intake was not significantly different than intake following saline pretreatment for the morphine [$t = 2.5$, df = 5, $P = 0.057$] or 7-HMG groups [$t = 0.03$, df = 7, $P = 0.98$]; therefore, the number of infusions following saline was used for comparison with NLXZ.

NTI pretreatment produced differential effects on morphine and 7-HMG self-administration. Neither 0.5 nor 5.0 mg/kg NTI significantly altered morphine self-administration [$F(2,17) = 0.88$, $P = 0.434$] [Fig. 3c (left panel)]. Morphine intake following either dose of NTI did not differ significantly from saline pretreatment the day of or the day following pretreatment [Fig. 3c (right panel)]. In contrast, 5.0 mg/kg NTI pretreatment significantly altered 7-HMG self-administration [$F(2,23) = 11$, $P < 0.0007$] [Fig. 3d (left panel)]. The effect of NTI on 7-HMG intake was dose dependent as intake following the 5 mg/kg dose was significantly lower than saline ($P < 0.05$) as well as the 0.5 g/kg dose ($P < 0.05$). 7-HMG intake was significantly reduced the day of 5.0 mg/kg NTI pretreatment ($P < 0.05$) and returned to control levels the following session [Fig. 3 (right panel)]. For naltrindole (NTI), comparison of baseline intake was not significantly different than intake following saline pretreatment for the morphine [$t = 0.13$, df = 5, $P = 0.90$] or 7-HMG groups [$t = 0.94$, df = 7, $P = 0.38$].

DISCUSSION

The present study provides the first characterization of the reinforcing effects of MG and 7-HMG in an animal model of human drug consumption. Using the intravenous self-administration procedure, the study demonstrates 7-HMG, but not MG, substitute for morphine self-administration and engender and maintain self-administration in drug-naïve rats. Under both the substitution and acquisition self-administration procedures, 7-HMG self-administration exhibited an inverted 'U' dose–effect curve, typical of other drugs of abuse under similar experimental conditions, wherein low to moderate doses increase responding and higher doses decrease responding (Wilson, Hitomi, & Schuster 1971; Pickens 1978). In both self-administration procedures, 7-HMG maintained intake above levels observed for saline, indicating the compound serves as a reinforcing stimulus within the range of the doses examined. Previous studies have shown MG induces a conditioned place preference (Sufka *et al.* 2014; Yusoff *et al.* 2016; Yusoff *et al.* 2017) and both MG and 7-HMG generalize to the discriminative stimulus effects of morphine (Harun *et al.* 2015). Both procedures provide valuable information about the abuse liability of compounds such as the motivational effects of contextual cues associated with a drug (place conditioning) and whether a compound shares subjective effects with a known drug of abuse (drug discrimination). Self-administration is used to examine the reinforcing effects of drugs, a key feature influencing the potential risk for abuse. With regard to opioids, findings from studies using rat self-administration models are highly consistent with clinical measures of abuse liability and have proven to be a reliable predictor of abuse liability in humans (O'Connor *et al.* 2011). While MG shares a similar mechanism of action with morphine, the present results demonstrate a difference in the reinforcing effects and thus the abuse potential between the two compounds. The discrepancy between the present finding and those of aforementioned place conditioning and drug discrimination studies are intriguing and warrant further assessment of routes of administration as well as non-human primate and human abuse potential studies. The self-administration of 7-HMG along with the shared subjective effects of morphine (Harun *et al.* 2015) indicate that 7-HMG has a significant potential to be abused. Additional studies are needed to examine the ability of 7-HMG self-administration to induce physical dependence and withdrawal, and the effects of 7-HMG on relapse to morphine, other opiates and other drug classes. The present findings along with the results of additional studies will provide critical information as to whether the compounds warrant control under the Controlled Substances Act.

In addition to abuse liability assessments, we also explored the impact of exposure to MG and 7-HMG to subsequent morphine intake following completion of the substitution procedure. Exposure to less than 2 mg of MG over a 2-week period (when examining the ability of MG to substitute for morphine) significantly reduced subsequent morphine self-administration up to 3 days following the last administration of MG. These findings raise the possibility that MG may contribute to the reported reduction in opiate intake in dependent individuals. Buprenorphine, a μ receptor partial agonist like MG, also reduced morphine (Harrigan & Downs 1981) as well as heroin self-administration (Mello, Bree, & Mendelson 1983) when administered continuously or intravenously twice daily but the effects on intake were acute. The effects of MG on morphine intake in the present study are intriguing but should be interpreted with caution for several reasons including the lack of morphine dose-dependent effects, the absence of a MG dose-effect determination on morphine and other commonly abused opiates, and the need to assess the effect of MG on animal

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models of opiate relapse and withdrawal. The finding that MG, in contrast to buprenorphine which has abuse liability (Jones et al., 2017), does not appear to have abuse liability and reduces morphine intake is intriguing and warrants further investigation to determine the efficacy of MG as a potential pharmacotherapy for opiate addiction. Comparison of MG with buprenorphine as well as methadone, on the self-administration of morphine as well as other opiates, is needed to determine the therapeutic potential and potency of MG. The effects of 7-HMG on morphine intake are opposite to those observed with MG. An average total intake of approximately 700 μg of 7-HMG over a 2 to 3-week period (when examining substitution for morphine) induced a significant elevation in subsequent morphine self-administration over 3 days following the last exposure to the compound, indicative of tolerance to morphine. Previous reports indicate that kratom users develop tolerance, increasing intake over time (Suwanlert 1975; Hassan *et al.* 2013). While tolerance to the analgesic effects of 7-HMG has been reported (Matsumoto *et al.* 2005; Matsumoto *et al.* 2008), no published studies to date report tolerance or cross-tolerance to morphine (or other opiates) intake. The increase in morphine intake in the present study could reflect a compensatory response to withdrawal from 7-HMG; however, this is unlikely as no overt signs of withdrawal were observed. Additional studies are warranted to determine if the observed increase in morphine intake following 7-HMG self-administration is related to a change in the reinforcing effects of morphine, a decrease in the adverse effects or a combination of the two. The demonstration that 7-HMG has significant abuse potential and increases the intake of morphine and possibly other opiates has significant potential clinical relevance.

The present study utilized two variations of the intravenous self-administration procedure to determine abuse liability of MG and 7-HMG: substitution and acquisition of self-administration. The substitution procedure assessed the ability of MG and 7-HMG to substitute for morphine in rats with a history of morphine self-administration and provided a clinically relevant evaluation given the potential for cross-generalization of opiates, the use of kratom to reduce intake of and withdrawal from other opiates, and the use of kratom as an affordable substitute for heroin (Boyer, Babu, & Macalino 2007; Boyer *et al.* 2008; Vicknasingam *et al.* 2010). The ability of 7-HMG to substitute for morphine in the present study suggests that the reinforcing effects may be mediated by similar neural mechanisms such as μ and δ opiate receptors. The effects of NLXZ on 7-HMG and morphine self-administration may reflect nonspecific effects on responding; however, we do not consider this a viable interpretation inasmuch as NLXZ doses within this range do not affect responding maintained by saccharin or food (Liu & Jernigan 2011; Peana *et al.* 2011). The present results confirm and extend previous studies of the effects of NLXZ on opiates including decreasing heroin self-administration (Negus *et al.* 1993), decreasing morphine-induced place conditioning in rats (Piepponen *et al.* 1997) and attenuating the discriminative stimulus effects of morphine (Suzuki *et al.* 1995). These results indicate that the reinforcing effects of morphine 7-HMG are mediated in part by μ opiate receptors.

NTI, the selective δ opiate receptor antagonist, attenuated 7-HMG in a dose-dependent manner. The lack of effect of NTI on morphine self-administration is supported by previous studies, which indicates that NTI does not alter morphine place conditioning (Suzuki *et al.* 1994; Piepponen *et al.* 1997) or the discriminative stimulus effects of morphine (Stevenson *et al.* 2000). In contrast, NTI and naltrindole-5′-isothiocyanate have been shown to attenuate the reinforcing effects of heroin (Negus *et al.* 1993; Martin *et al.* 2000); however, δ opiate receptors are not considered to directly mediate heroin reinforcement. The reinforcing effects of heroin are mediated via μ opiate receptors which bind the major heroin metabolites, morphine and 6-monoacetylmorphine, neither of which bind to the δ receptor with appreciable affinity. The difference in the effects of NTI between the Negus *et al.* study is likely attributable to the finding that only the 10 and 17 mg/kg doses of NTI were effective in attenuating heroin self-administration—compared with 0.5 and 5 mg/kg in the present study. Given that the 5 mg/kg NTI dose slightly decreased morphine self-administration, higher doses of NTI may have significantly attenuated intake. The significant attenuation of the reinforcing effects of 7-HMG by NTI reflects involvement of δ opiate receptors in the reinforcing effects of this compound. Given that 7-HMG is a weak δ opiate receptor antagonist, the finding that antagonism of the δ receptor partially attenuates the reinforcing effects of this compound seems counterintuitive. However, two potential mechanisms may account in part for the finding. Martin *et al.* suggested that morphine-induced activation of μ opiate receptors in the pallidum stimulates release of met-enkephalin that then binds to δ opiate receptors to exert reinforcing effects (Martin *et al.* 2000). Because 7-HMG is a partial μ opiate receptor agonist, the compound may exert effects similar to morphine via this mechanism. An alternative hypothesis suggests that chronic μ opiate receptor stimulation results in δ opiate receptor recruitment and μ opiate receptor desensitization. However, the dose-dependent effect of NLXZ on 7-HMG indicates that μ receptors were not de-sensitized. The manner in which δ opiate receptors are involved in 7-HMG reinforcement remains to be determined. Nonetheless, results from the present study indicate that both μ and δ opiate receptors contribute to the reinforcing

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effects of 7-HMG. Current pharmacotherapies for opiate addiction including methadone, buprenorphine and naloxone do not bind appreciably to δ opiate receptors and therefore may be less effective in treating kratom abuse.

The current results are the first demonstration of self-administration of MG and 7-HMG in the preclinical literature; however, several issues related to study design and methodology deserve to be addressed. First, food was restricted for all subjects in the present study in order to enhance acquisition and maintenance of self-administration in both the substitution and acquisition procedures. Previous studies have demonstrated that food restriction facilitates the acquisition of opiate self-administration and increases intake during the maintenance phase as well as enhances drug seeking (Piazza & Le Moal 1998). The absence of MG acquisition or substitution under food restriction conditions provides confidence that administration of this alkaloid is not reinforcing even under conditions that enhance the probability of intake. Nonetheless, negative results in self-administration procedures are difficult to interpret and may be due to multiple experimental variables that are not optimal for the drug being investigated including, but not limited to, the schedule of reinforcement, response contingencies, selected doses, rate of infusion, route of administration and drug availability. For example, the lack of MG self-administration may be attributed in part to the route of administration. Kratom is administered orally by humans whereas intravenous administration was used in the present study—routes which would yield different rates of onset of drug effects, drug levels, duration of effect and metabolism. The concern is mitigated to some extent by the finding that 7-HMG, a structurally similar compound from the same plant, is readily self-administered intravenously using the same procedure. Thus, the relevance of the current findings using the intravenous self-administration is not diminished, although future studies need to address the abuse liability of MG and 7-HMG using voluntary oral consumption methods (food and liquid). Another caveat to the present experimental design is the use of one versus two levers in the self-administration procedure. The determination of reinforcement is based on the statistical comparison of intake maintained by doses of a drug versus a negative control, which is vehicle in the present study. Alternatively, comparisons can be made between the rates of responding on an 'active' versus the 'inactive' lever. In either case, drugs that engender and/or maintain responding at levels that exceed responding maintained by the negative control are considered to be self-administered (function as reinforcing stimuli) (O'Connor *et al.* 2011).

In summary, the present findings from the rodent self-administration model indicate that MG, the main kratom alkaloid, does not have abuse or addiction potential and reduces morphine intake—desired characteristics of candidate pharmacotherapies for opiate addiction and withdrawal. In contrast, 7-HMG should be considered a kratom constituent with high abuse potential that may also increase the intake of other opiates. Although 7-HMG constitutes only 2 percent of the alkaloid content of kratom, purified extracts of 7-HMG are widely available on the internet and are consumed for their euphoric effects. Additional danger is posed by adulteration or the presence of high concentrations of 7-HMG in commercially available kratom products (Lydecker *et al.* 2016) which may increase the abuse liability.

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Conflict of Interest

The authors have no competing financial interests.

Authors Contribution

S.E.H., S.J.C. and C.R.M. jointly conceived the study; S.E.H. designed the experiments; J.F., S.J.C. and C.R.M. isolated, purified and prepared salts of mitragynine and 7-hydroxymitragynine; S.M. and S.E.H. performed the experiments, collected the data and analyzed the data; S.E.H. wrote and revised the manuscript and S.M., S.J.C. and C.R.M. edited the manuscript.

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ORIGINAL INVESTIGATION

Abuse liability of mitragynine assessed with a self-administration procedure in rats

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Abstract

Rationale Substantial use of the plant kratom for psychoactive effects has driven interest in its abuse liability. Several place conditioning studies suggest abuse liability of the active ingredient mitragynine, though studies of its self-administration have not been published.

Methods Binding of mitragynine to rat brain mu, kappa, and delta opioid receptors was compared to that for heroin and morphine. Self-administration of mitragynine, heroin, methamphetamine, or saline was assessed during single-session substitutions in rats trained to self-administer methamphetamine (0.022 mg/kg/injection, i.v.) during 1-h daily sessions.

Results Mitragynine had > 2- or ~ 16-fold greater affinity for the mu opioid receptor than, respectively, for kappa or delta opioid receptors. Its affinity for the mu receptor was ~ 200-fold less than that for morphine. In rats trained to self-administer methamphetamine, saline substitutions significantly decreased the number of responses, whereas different doses of methamphetamine (0.002–0.068 mg/kg/injection) or heroin (0.001–0.03 mg/kg/injection) maintained self-administration with maximal responding at 0.022 or 0.01 mg/kg/injection, respectively. In contrast, no dose of mitragynine maintained response rates greater than those obtained with saline. Presession mitragynine treatment (0.1 to 3.0 mg/kg) decreased response rates maintained by heroin but had little effect on responding maintained by methamphetamine across the same range of doses.

Conclusions These results suggest a limited abuse liability of mitragynine and potential for mitragynine treatment to specifically reduce opioid abuse. With the current prevalence of opioid abuse and misuse, it appears currently that mitragynine is deserving of more extensive exploration for its development or that of an analog as a medical treatment for opioid abuse.

Keywords Mitragynine · Kratom · Abuse liability · Self-administration · Methamphetamine · Heroin · Medical treatments · Opioid abuse · Rats

Significant use of the plant kratom for its psychoactive effects has prompted interest by the United States Drug Enforcement Agency (DEA) to temporarily place the active ingredients of the plant, mitragynine, and 7-hydroxymitragynine, into Schedule I of the Controlled Substances Act as an abusable substance (US Drug Enforcement Administration 2016). The notice of that intent by DEA was met with responses from the public, commercial, and legislative sectors which included testimonials though little scientific evidentiary support for those various responses (Henningfield et al. 2018).

Kratom is the commonly used term for the leaves of *Mitragyna speciosa*, which contain a variety of constituents. Mitragynine accounts for 66% of total alkaloid content in some geographical variants of the plant with variations among species studied and interactions among the various kratom constituents (Takayama 2004). 7-OH-Mitragynine is also present at lower levels with a 5- to 10-fold higher affinity for μ-opioid receptors (Kruegel et al. 2016). As levels in brain tissue after intravenous injection of mitragynine indicate suitable brain penetration from plasma (Kong et al. 2017), it is likely that mitragynine is the main pharmacologically active alkaloid in kratom (Kruegel and Grundmann 2018), though see the description below of a study of kratom extracts (Sufka et al. 2014).

Several studies in animal subjects have examined various behavioral effects including the abuse potential of mitragynine

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(see Hassan et al. 2017; Kruegel and Grundmann 2018 for reviews). A study of place conditioning (Sufka et al. 2014) administered different doses of mitragynine or an extract of *Mitragyna speciosa* leaves over eight conditioning sessions, half of which were preceded with mitragynine injection and half with vehicle. Significant place conditioning was obtained in rats administered 5 or 30 mg/kg of mitragynine though the effect eluded statistical significance at 10 mg/kg. Though the kratom extract increased place conditioning, it was not to a statistically significant extent. The authors interpreted the diminished effect of the extract as possibly due to lower concentrations of mitragynine in the extract or the presence of other plant constituents with effects interfering with the effect of mitragynine. Yusoff et al. (2016), using a similar procedure, found significant place conditioning in rats administered 10 or 30 mg/kg of mitragynine over ten conditioning sessions. In a subsequent study (Yusoff et al. 2017), the place conditioning induced by 10 mg/kg of mitragynine was blocked by the co-administration of naloxone (0.3 or 1.0 mg/kg), indicating that the place conditioning was mediated by opioid receptors. However, there are studies suggesting non-opioid effects of mitragynine (Kruegel and Grundmann 2018), and a recent report of baclofen blockade of mitragynine-induced place conditioning suggests potential $GABA_B$ receptor involvement in that effect (Yusoff et al. 2018).

Harun et al. (2015) compared the discriminative stimulus effects of mitragynine (15 mg/kg, i.p.) to those of morphine (5.0 mg/kg) in separate groups of rats each trained with one of the compounds. Both groups acquired discriminative control, though the morphine group acquired that control more rapidly. Each training drug produced a dose-related generalization to the training dose and each drug dose-dependently substituted for the other. Further 7-OH-mitragynine substituted for morphine more potently than did mitragynine. Interestingly, the discriminative effects of mitragynine were only incompletely antagonized by naloxone (Harun et al. 2015).

In a recent report (Hemby et al. 2018), rats were trained to reliably self-administer morphine (50 or 100 μg/infusion) under a fixed-ratio 3-response schedule, followed by replacement of drug with saline and extinction of responding. Following extinction, rats were allowed to self-administer different doses of mitragynine or 7-OH-mitragynine. No dose of mitragynine (25 to 150 μg/injection) maintained rates of responding significantly greater than those maintained by saline. In contrast, 7-OH-mitragynine maintained rates above those for saline at 2.5 to 20 μg/injection and also did so in a separate group of subjects without experience self-administering morphine. Both the μ-opioid receptor selective antagonist naloxonazine and the δ-opioid receptor antagonist naltrindole decreased self-administration of 7-OH-mitragynine but only naloxonazine decreased morphine self-administration.

The present study was designed to further assess the abuse liability of mitragynine using a self-administration procedure in rats. To confirm opioid activity, the displacement by mitragynine of opioid radioligands was studied using native rat tissue and compared to that produced by the standard opioids, morphine, and heroin. These binding affinities helped select doses tested to ensure that biologically active doses of mitragynine were studied.

Methods

Receptor binding assays Whole rat brain tissue excluding the cerebellum was thawed on ice, then homogenized in 50 mM Tris HCl, pH 7.5 using a Brinkman Polytron (setting 6 for 20 s), and centrifuged at 30,000 × g for 10 min at 4 °C. The supernatant was discarded and the pellet was resuspended in fresh buffer and spun at 30,000×*g* for 10 min. The supernatant was discarded and the pellet was resuspended to give 100 mg/ml original wet weight. Ligand-binding experiments were conducted in polypropylene assay tubes containing 0.5 ml Tris HCl buffer for 60 min at room temperature. [^{3}H]DADLE (final concentration 1 nM, PolyPeptide Laboratories, San Diego, CA), [^{3}H]DAMGO (final concentration 1 nM, PolyPeptide Laboratories, San Diego, CA), or [^{3}H]U-69,593 (final concentration 1 nM, Perkin Elmer Life Sciences, Waltham, MA) were used to determine binding at the delta, mu, and kappa opioid receptor sites, respectively. Unlabeled DAMGO (final concentration, 30 nM) was added to the delta receptor assay tubes to block the binding of the radioligand to mu opioid receptors. All assay tubes contained 100 μl homogenate suspension. Non-specific binding was determined using 0.01 mM naloxone for all assays. Incubations were terminated by rapid filtration through Whatman GF/B filters, presoaked in 0.1% PEI (polyethyleneimine), using a Brandel R48 filtering manifold (Brandel Instruments, Gaithersburg, MA). The filters were washed twice with 5 ml cold buffer and transferred to scintillation vials. Cytoscint (MP BioMedicals, Santa Ana, CA) (3.0 ml) was added and the vials were counted the next day using a Perkin Elmer TriCarb liquid scintillation counter.

Data were analyzed by using GraphPad Prism software (San Diego, CA). Inhibition constants (K_i values) were calculated using the Cheng-Prusoff equation (Cheng and Prusoff 1973), with IC_{50} value of inhibitors used in the assay and the K_d value of the radioligand previously determined in this laboratory.

Subjects for behavioral experiments Six male Sprague-Dawley rats (obtained from the Animal Center of the Tongji Medical College of Hua Zhong University of Science & Technology, Wuhan, China) served as subjects and were acclimated to a temperature- and humidity-controlled room for

at least 1 week before any procedures. Food and water were available at all times in their home cages. The housing room was under a 12:12-h light/dark cycle with lights on at 7:00 AM. After acclimation, body weights of subjects were maintained at approximately 320 g. The experimental protocol was approved by an Institutional Review Committee for the use of Animal Subjects. All procedures and facilities were operated in accordance with the Guide for the Care and Use of Laboratory Animals of Jianghan University.

After the 1-week acclimation to the facility, a chronic intravenous catheter (3.5 cm in length, 0.58 mm inner diameter, 0.91 mm outer diameter, BPU-T30, Instech, Plymouth Meeting, PA, USA) was surgically implanted in the subject and secured to the right jugular vein under sodium pentobarbital (50 mg/kg, i.p.) anesthesia, as per Kai et al. (2014). Catheters exited dorsally in the mid-scapular region through a back mount that was secured subcutaneously. Following surgery, rats were housed individually in home cages and allowed at least 7 days of recovery during which they received daily intravenous infusions of gentamicin (0.16 mg/kg) followed by 0.2 ml of a heparinized (1%) sterile saline solution to minimize the likelihood of infection and the formation of clots or fibroids.

Behavioral procedures All self-administration experiments were conducted in operant-conditioning chambers (29 × 26 × 29 cm) enclosed in sound-attenuating and light-proof cubicles which were equipped with fans that provided ventilation (Anilab Software & Instruments Co., Ltd., China) (Zhang 2006). Two nose-poke operanda (ENV-114M; Med Associates, Fairfax, VT) were located 9 cm above the floor on the front panels of the chambers. A red stimulus light was mounted within each nose-poke hole and a white house light was mounted near the ceiling on the opposite wall. A syringe driver (model 22; Harvard Apparatus, Holliston, MA) containing a 10-ml syringe delivered injections. The syringe was connected by tubing to a fluid swivel (375 Series Single Channel Swivels, Instech Laboratories, Inc., Plymouth Meeting, PA) mounted on a balance arm above the chamber. Tubing, protected by a metal surrounding spring, connected the swivel to the subject's catheter.

Subjects were placed in chambers during daily 1-h experimental sessions in which subjects were initially trained with responses producing methamphetamine injections under a FR 5-response schedule (each fifth response produced a 0.022 mg/kg/injection of methamphetamine). During these sessions, the white house light was illuminated when methamphetamine injections were available. A single nose poke in the left hole turned on the red stimulus light within that hole for 0.5 s. Completion of each FR 5 requirement turned off the house light, delivered the methamphetamine injection, and was followed by a 20-s timeout (TO) period during which all lights were off and responses were recorded but had no scheduled consequences. After the TO, the house light was illuminated and the FR schedule was again in effect. When response rates were sufficiently high to produce 25 injections per session and were reliable from one session to the next, training sessions with methamphetamine (M) and saline (S) injections were conducted in a double-alternation sequence (e.g., ...MMSSMMSS..., where M—methamphetamine and S—saline).

When the response rates were reliably higher during methamphetamine sessions than during saline sessions, tests (T) of substitutions with saline or various doses of methamphetamine, heroin, or mitragynine were assessed by inserting those tests between repeats of the double-alternation sequence [e.g., ...MSTSMTMST...]. Each dose was tested once in each of the six subjects. Subsequently, the effects of mitragynine on heroin or methamphetamine self-administration were assessed by administering various mitragynine doses [saline, 0.03, 0.1, 0.3, 1 and 3 mg/kg, i.p.] 5 min before test sessions as described above in which different doses of either heroin or methamphetamine were available for self-administration. The sequence of mitragynine dose testing was balanced among rats using a Latin square design.

Numbers of responses were tabulated for each subject and analyzed with one-way analyses of variance (ANOVA) with drug dose as a factor. Post hoc analyses were conducted to assess contributions to significant effects using Holm-Sidak Multiple Comparisons versus saline. The levels of inactive responses were separately analyzed using one-way ANOVAs.

Drugs Mitragynine was obtained in "technical grade" from Carbosynth Limited (Compton, Berkshire, UK) and was dissolved in Tween 20 and DMSO, then diluted to the necessary concentration with 0.9% NaCl. Heroin HCl and methamphetamine HCl were obtained from the Hubei Public Security Bureau and were dissolved in 0.9% NaCl.

Results

Receptor binding assays The K_i value for the displacement of [^{3}H]DAMGO from the μ-opioid receptor by mitragynine was 502 nM, which indicated greater affinity for that receptor than that for κ- and δ-opioid receptors (Table 1). The K_i values for the displacement of [^{3}H]U-69,593 and [^{3}H]DADLE from κ- and δ-opioid receptors, respectively, were significantly greater than that for displacement of [^{3}H]DAMGO. The affinity of mitragynine for the μ-opioid receptor was substantially lower than that for either heroin or morphine (Table 1). Values for heroin are likely due entirely to the affinity of its metabolite 6-acetylmorphine (Inturrisi et al. 1983).

Drug self-administration The dose-effect curves for heroin and methamphetamine were biphasic for active responses

Table 1 K_i values (nM) calculated from displacement of the indicated radioligands for mitragynine compared to that for reference compounds (heroin, morphine) at mu, kappa, and delta opioid receptors. Values are means (± SEM) from at least three independent replications

Binding site	Mitragynine	Heroin	Morphine
Mu opioid receptor [^{3}H]DAMGO	502 ± 19.4	18.6 ± 2.78	2.33 ± 0.261
Kappa opioid receptor [^{3}H]U-69,593	1200 ± 79.7	263 ± 24.3	82.4 ± 3.92
Delta opioid receptor [^{3}H]DADLE	7910 ± 1140	281 ± 28.0	105 ± 11.5

(Fig. 1, center and right panels, filled symbols), with maximal effects at 0.01 and 0.022 mg/kg/injection, respectively. The ANOVA indicated that the differences in the mean values among heroin doses were greater than would be expected by chance ($F_{4,20} = 8.32$, $P < 0.001$). A similar result for dose was obtained with the ANOVA for methamphetamine ($F_{4,20} = 76.2$, $P < 0.001$). In contrast, no dose of mitragynine increased responding to levels greater than those obtained with saline (Fig. 1, left panel, filled symbols). However, the ANOVA indicated that the differences in the mean values among mitragynine doses were greater than would be expected by chance ($F_{5,25} = 3.05$, $P = 0.028$). Post hoc analysis indicated that the significance in the overall ANOVA was a result of the decreases in responding that were observed at the 3.0 mg/kg/injection dose (Holm-Sidak Multiple Comparisons versus saline ($t = 3.49$, $P = 0.009$). The levels of inactive responses (Fig. 1, open symbols) were uniformly low and were not different from saline with increases in dose per injection for any of the compounds.

Treatment with mitragynine before sessions at 3.0 mg/kg decreased the maximal levels of active responses maintained by heroin (Fig. 2, left panel). Lower doses (0.1 to 1.0 mg/kg) of mitragynine generally had little effect. The ANOVA indicated significant differences in the mean values for the different doses of heroin ($F_{3,32} = 13.7$, $P < 0.001$) and mitragynine ($F_{4,32} = 16.7$, $P < 0.001$). Mitragynine had no significant effect on inactive responses (data not shown).

In contrast to the effects on heroin self-administration, mitragynine did not significantly affect responding maintained by methamphetamine injection. The ANOVA indicated that the effect of mitragynine dose ($F_{3,15} = 1.69$, $P = 0.213$) was not larger than random sampling variability. The right panel of Fig. 2 shows the lack of effect on the maximal rates of responding maintained by 0.022 mg/kg/injection of methamphetamine (triangles) across the range of doses of mitragynine from those having no effect to those decreasing rates of responding maintained by heroin (circles).

Discussion

In the present study, the self-administration of mitragynine was assessed and compared to that of heroin in rats trained to self-administer methamphetamine. In contrast to heroin, mitragynine did not maintain response rates greater than those obtained with saline injection. In addition, the effects of presession injections of mitragynine were assessed on responding maintained by heroin and methamphetamine. Mitragynine dose-dependently decreased rates of responding maintained by heroin but had little effect on responding maintained by methamphetamine across the same range of mitragynine doses. These results suggest a limited liability for abuse of mitragynine, perhaps due to its activity as a biased agonist (Kruegel et al. 2016; Váradi et al. 2016) and the

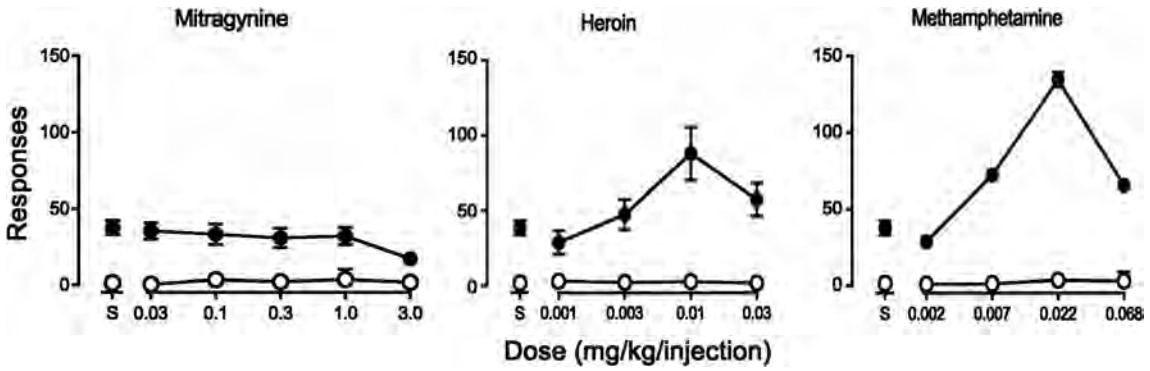


Fig. 1 Substitution of saline or a range of doses of mitragynine, heroin, or methamphetamine in rats trained to self-administer methamphetamine (0.022 mg/kg per i.v. injection) under an FR 5-response schedule of reinforcement. Ordinates: responses per session; abscissae: unit dose of substituted drug (mg/kg per i.v. injection), log scale. Filled points show active responses (left nose-poke hole); whereas, open points show inactive responses (right nose-poke hole). Each point represents the mean (± SEM) of six subjects. Note that both heroin and methamphetamine, but not mitragynine, maintained rates of response greater than those obtained with saline

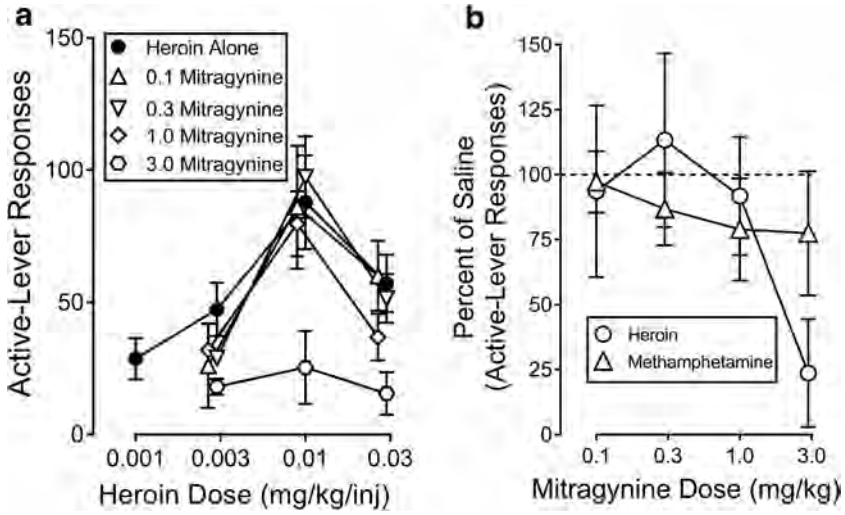


Fig. 2 Effects of presession treatments with mitragynine on self-administration of heroin under an FR 5-response schedule of reinforcement. **a** The effects of mitragynine pretreatment on the heroin self-administration dose-effect curve. Ordinates: number of active responses per session; abscissae: heroin unit dose (mg/kg per i.v. injection), log scale. Each point represents the mean (±SEM) of six subjects. Note that data points are displaced horizontally a minimal amount in order to better distinguish error bars. Mitragynine pretreatment decreased self-administration of heroin at a dose of 3.0 mg/kg. **b** A comparison of the effects of pretreatments with mitragynine on the maximal rates of responses maintained by heroin (0.01 mg/kg/inj) or methamphetamine (0.022 mg/kg/inj). Ordinates: number of active responses (left nose-poke hole) per session as a percentage of that obtained after saline pretreatment; abscissae: mitragynine dose (mg/kg), log scale. The control rates of responding maintained were 2.42 and 1.49 responses per minute during the 1-h session for methamphetamine and heroin, respectively. Note that the dose of mitragynine (3.0 mg/kg) that decreased self-administration of heroin had little effect on responses maintained by methamphetamine injection

possible specific reduction of opioid abuse by mitragynine treatment.

Hemby et al. (2018) also investigated mitragynine self-administration in rats. In that study, subjects trained to self-administer morphine did not self-administer mitragynine at doses approximating 0.07 to 0.43 mg/kg/injection (assuming 350-g rats). Those doses were at most 5.7-fold greater on a molar basis than the 50 μg/injection dose of morphine that maintained maximal response rates. The present study found an approximate 200-fold lower affinity of mitragynine than morphine at μ-opioid receptors in rat native tissue. Thus, the present study examined higher doses of mitragynine.

The comparison of mitragynine to heroin in the present study is complicated by the fact that heroin is a prodrug for morphine and 6-acetylmorphine (Inturrisi et al. 1983; Way et al. 1965) and is inactive in binding the μ-opioid receptor. The binding affinity obtained for heroin is likely entirely due to the affinity of the metabolite 6-acetylmorphine which can be detected in the binding assay tubes (Inturrisi et al. 1983). However, likely due to its lipophilicity (Way et al. 1960; Oldendorf et al. 1972), heroin is approximately 10-fold more potent than morphine (on a mg of the salt form basis) in a rat self-administration procedure (e.g., Hiranita et al. 2014). This potency difference renders the minimally effective dose of heroin the equivalent of morphine at 0.03 mg/kg/injection (or 0.04 μmol/kg/injection). The highest presently studied dose of mitragynine (3.0 mg or 7.53 μmol /kg/injection) approximates that necessary to ensure that a sufficient molar dose was studied. In addition, the highest tested dose per injection of mitragynine suppressed responding below levels obtained with saline, indicating that the range of mitragynine doses presently studied included those with biological activity.

There are several reasons to exercise caution in generalizing from the absence of mitragynine self-administration. First, the robust self-administration of several drugs of abuse occurs under some conditions but not others. Possibly the most pronounced example is nicotine for which there are numerous positive and negative outcomes (e.g., Caggiula et al. 2002; Kohut and Bergman 2016). Further, certain behavioral or pharmacological histories may predispose or mitigate robust self-administration (Young and Woods 1981; Hiranita et al. 2014). The use of an opioid rather than methamphetamine for training subjects may have facilitated mitragynine self-administration. However, a previous finding showed that several opioid agonists maintained responding comparably in subjects trained with methamphetamine or heroin (Hiranita et al. 2014). Nonetheless, it remains possible that circumstances may yet be found under which mitragynine is reliably self-administered. In addition, and as described above, there are several studies indicating place conditioning with mitragynine injections. Thus, while the present findings with a self-administration procedure suggest a relatively low abuse liability of mitragynine, further studies would add assurance to that conclusion.

In the present study, pretreatment with mitragynine dose-dependently decreased heroin self-administration, and those

decreases were more profound than those for the self-administration of methamphetamine. As methamphetamine has psychomotor stimulant effects, accumulation over the course of the session may have mitigated the response rate decreasing effects of mitragynine that were obtained with heroin self-administration. The total intake of methamphetamine within a session from the present study averaged about 0.054 mg/kg, distributed across a 1-h session. A single bolus dose of 0.1 mg/kg (i.p.) of methamphetamine has reliable direct behavioral effects on rats responding under ratio-type schedules (e.g., Mechner and Latranyi 1963), suggesting that accumulated methamphetamine did not offset the effects of mitragynine on response rates. Nonetheless, a comparison of effects of mitragynine on heroin self-administration with those on food-reinforced responding would add clarification to the selectivity of mitragynine.

Mitragynine at an active dose decreased the maximal self-administration of heroin rather than shifting the dose-effect curve rightward as is typically obtained by treatment with opioid antagonists (Bertalmio and Woods 1989; Harrigan and Downs 1978). The contrast among these effects along with the documented opioid-agonist effects of mitragynine indicates that the mechanism of mitragynine-induced decreases in heroin self-administration is not due to an antagonism of heroin effects. Previous studies of opioid pretreatments have produced similar decreases in maximal self-administration of opioid agonists (e.g., Hiranita et al. 2014; Winger et al. 1992). Noting the similarity of these downward shifts to the effects of food prefeeding on responding maintained by food reinforcement, Hiranita et al. (2014) suggested this outcome could reflect a satiating effect of the drug pretreatment on opioid self-administration (see also Zanettini et al. 2018). Satiation was suggested previously as explanation for the clinical efficacy of methadone in treating opioid abuse (Dole and Nyswander 1965).

Several reports have provided information that human self-administration of mitragynine is maintained by alleviation of opioid withdrawal symptoms (e.g., Grundmann 2017; Smith and Lawson 2017; Swogger and Walsh 2018). For example, Vicknasingam et al. (2010) reported that treatment of opioid withdrawal was self-reported by 62.5% and 46.9%, respectively, of short- and long-term kratom users in Malaysia. In addition, Cheaha et al. (2017) reported that an extract of *Mitragyna speciosa* suppressed naloxone-precipitated fecal excretions; however, it did not suppress naloxone-precipitated jumping in mice. Those results suggest some direct effects of mitragynine on opioid withdrawal, which has been historically used as evidence of its own potential to produce dependence (Himmelsbach 1941). However, the differences between the effects of mitragynine on the two different withdrawal signs in the Cheaha et al. (2017) study suggest some reservations regarding too extensive a conclusion. Further studies should examine the effects of the various pure alkaloids of the plant, both on precipitated withdrawal and that unfolding after cessation of agonist treatment. Studies over a range of doses, and with a wider variety of withdrawal signs and time frames would add substantially to consideration of kratom physiological dependence liability.

The present study suggests that mitragynine has limited abuse liability from the perspective of self-administration procedures. Those results should prompt other studies to further examine mitragynine self-administration across a broader range of conditions to assess the generality of the findings. Further mitragynine produced a decrease in self-administration of heroin at doses that did not affect self-administration of methamphetamine. These outcomes suggest potential for use of mitragynine in treating opioid abuse though it should be noted that mitragynine has a variety of other behavioral effects that may limit that potential (Hassan et al. 2017). Nonetheless, the current prevalence of opioid abuse and its consequent and multiple impacts on public health, it appears at present that mitragynine is deserving of more extensive exploration for the development of a therapeutic used for treating opioid abuse.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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Respiratory Depressant Effects and Pharmacokinetics of Oral Mitragynine (Kratom) and Oxycodone in Rats

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Learning Overview: Attendees will be able to better compare the respiratory depressant effects and relative toxicity of oral mitragynine and oxycodone.

Impact on the Forensic Science Community: Lack of respiratory depression following high-dose mitragynine in rats questions the appropriateness of designating kratom as cause of death in postmortem cases.

Mitragynine, the primary active alkaloid in kratom and partial μ-opioid receptor agonist, has substantially different pharmacology from the full μ-opioid receptor agonists morphine and oxycodone. Mitragynine does not recruit β-arrestin for G-protein signaling, has activity at adrenergic receptors and a lower risk of respiratory depression, acute poisoning, death, and abuse-related effects. The kratom alkaloid, 7-hydroxy-mitragynine (7-OH-MG), constitutes <1.5% of the total alkaloid content, is more potent at the opioid receptor than mitragynine and a mitragynine metabolite. Mitragynine is not scheduled in the Controlled Substance Act; however, the FDA recommended scheduling of mitragynine in 2016, in part out of safety concerns, though the request was rescinded by the Assistant Secretary of Health in 2018. Mitragynine is taken by millions of people in Southeast Asia and the US as a mild stimulant and analgesic and to treat opioid dependence and withdrawal.

In 2020, FDA recently recommended a rat model for evaluating drug respiratory depressant effects, utilizing oxycodone as a positive control. We employed this model to compare respiratory depression following 20, 40, 80, 240 and 400 mg/kg oral mitragynine and 6.75, 60 and 150 mg/kg oral oxycodone in rats. Oxycodone, mitragynine and 7-OH-mitragynine were quantified by LC-MS/MS pre-dose, 1, 2, 4, 6, 8 and 12 h after administration. Blood gases were determined at the same time points with the VetScan i-STAT Alinity V Handheld Analyzer. Clinical observations of opioid associated effects and toxicity were performed throughout.

A significant decrease in oxygen saturation compared to baseline sO2 following the 60 and 150 mg/kg oxycodone doses was observed, with no significant differences in sO2 following 20, 40, 80, 240 and 400 mg/kg mitragynine over 12 h. Partial CO2 pressure change from baseline was significantly increased after 60 and 150 mg/kg oxycodone hydrochloride, but not following any mitragynine dose. Two animals receiving oxycodone, one at 60 and one at 150 mg/kg, died after dosing, and 66.7% and 100% of animals receiving these doses had abnormal clinical observations. One animal following 240mg/kg and multiple animals following 400 mg/kg mitragynine had abnormal clinical observations. Median blood oxycodone Cmax were 33.5, 39.9 and 131 ng/mL following 6.75, 60 and 150 mg/kg oxycodone, respectively, with Tmax at 1 h. Median mitragynine Cmax were 723, 1665, 2140, 6278 and 6341 ng/mL after 20, 40, 80, 240

and 400 mg/kg mitragynine, respectively, with Tmax generally at 1 h. 7-OH-mitragynine Cmax were 11.0, 17.4, 18.9, 32.0 and 62.5 ng/mL after 20, 40, 80, 240 and 400 mg/kg mitragynine, respectively, with Tmax at 1 h. 7-OH-mitragynine concentrations were approximately 100-fold lower than mitragynine concentrations in the same sample.

Mitragynine doses as high as 400 mg/kg did not produce any clinically relevant or significantly measurable effects on respiration based on blood gas measurement, whereas 60 & 150 mg/kg oxycodone resulted in moderate to severe respiratory depression in rats. Similarly, there were no abnormal clinical observations after 20, 40 and 80 mg/kg, one after 240 mg/kg and multiple after 400 mg/kg oral mitragynine, while 60 and 150 mg/kg oxycodone produced many abnormal observations and two deaths.

Conclusion: Oral mitragynine had little respiratory depression in rats following up to 400mg/kg doses, much higher doses than generally taken by humans, suggesting caution in attributing cause of death to mitragynine respiratory depression in postmortem deaths.

Mitragynine, Respiratory depression, Pharmacokinetics

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Risk of death associated with kratom use compared to opioids

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ABSTRACT

Kratom use appears to be increasing across the United States, increasing attention to deaths in which kratom use was detected. Most such deaths have been ascribed to fentanyl, heroin, benzodiazepines, prescription opioids, cocaine and other causes (e.g., homicide, suicide and various preexisting diseases). Because kratom has certain opioid-like effects (e.g., pain relief), and is used by some people as a substitute for opioids for pain or addiction, kratom has been compared to "narcotic-like opioids" (e.g., morphine) with respect to risk of death despite evidence that its primary alkaloid, mitragynine, carries little of the signature respiratory depressing effects of morphine-like opioids. This commentary summarizes animal toxicology data, surveys and mortality data associated with opioids and kratom to provide a basis for estimating relative mortality risk. Population-level mortality estimates attributed to opioids as compared to kratom, and the per user mortality risks of opioids as compared to kratom are provided. By any of our assessments, it appears that the risk of overdose death is > 1000 times greater for opioids than for kratom. The limitations of the mortality risk estimate warrants caution in individuals with unknown factors such as use of other substances and medications, or other preexisting conditions. More research on kratom safety and risks is needed, as is regulation of commercial kratom products to ensure that consumers are informed by FDA labeling and that kratom products are not contaminated or adulterated with other substances.

1. Introduction and background

Kratom use appears to be increasing across the United State (US), drawing increased attention to deaths in which any level of kratom alkaloids (e.g., mitragynine (MG) and 7-hydroxyMG) has been detected in a decedent's plasma or any evidence suggesting that the decedent had consumed kratom. Mitragynine is primarily used as a marker for kratom exposure because it is the most prevalent alkaloid in kratom preparations whereas 7-hydroxyMG is generally at levels that are unlikely to contribute to pharmacological effects (Kruegel and Grundmann, 2018). The National Institute on Drug Abuse (NIDA, 2019a) provides the following summary on its "What is Kratom" web page:

> *There have been multiple reports of deaths in people who had ingested kratom, but most have involved other substances. A 2019 paper analyzing data from the National Poison Data System found that between 2011-2017 there were 11 deaths associated with kratom exposure. Nine of the 11 deaths reported in this study involved kratom plus other drugs and medicines, such as diphenhydramine (an antihistamine), alcohol, caffeine, benzodiazepines, fentanyl, and cocaine. Two deaths were reported following exposure from kratom alone with no other reported substances. In 2017, the FDA identified at least 44 deaths related to kratom, with at least one case investigated as possible use of pure kratom. The FDA reports note that many of the kratom-associated deaths appeared to have resulted from adulterated products or taking kratom with other potent substances, including illicit drugs, opioids, benzodiazepines, alcohol, gabapentin, and over-the-counter medications, such as cough syrup. Also, there have been some reports of kratom packaged as dietary supplements or dietary ingredients that were laced with other compounds that caused deaths. People should check with their health care providers about the safety of mixing kratom with other medicines.* [Italics added].

As implied by NIDA's summary, the actual contribution of kratom to these deaths is uncertain. Similarly, as discussed in a Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) of 91 deaths that medical examiners and coroners had listed

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as “kratom involved” most included evidence of fentanyl, heroin, benzodiazepines, prescription opioids, and/or cocaine (Gershman et al., 2019; Olsen et al., 2019). In the seven cases that did not list a drug other than kratom as being detected, the authors noted that exposure to other drugs could not be ruled out due to inconsistencies in testing by medical examiners. The MMWR report drew no conclusion about the potential contribution of kratom to any of the deaths beyond stating that some level of exposure had occurred. The high variability of mitragynine levels ranging from 5.6–29,000 ng/mL detected in deaths associated with kratom exposure furthermore questions the association between mitragynine levels and toxicity (Papsun et al., 2019). Nonetheless, media headlines include phrases such as “kratom-linked” deaths, “kratom overdose deaths”, and “kratom deaths” (see e.g., Galvin, 2019; Kaur, 2019; Miller, 2019).

In fact, while the contribution of kratom to death in some cases cannot be ruled out, there has yet to be an overdose death from kratom alone in either the US or South East Asia where heavy kratom use is common (Prozialeck et al., 2019). This is consistent with pharmacologic studies and epidemiological investigations in Southeast Asia of kratom, which indicate that, in contrast to morphine-like opioids, kratom fails to produce life-threatening respiratory depression and generally is not associated with the personal and societal impairment associated with morphine-like opioids (Prozialeck et al., 2019; Singh et al., 2017; Veltri and Grundmann, 2019). This is likely because MG and 7-hydroxyMG function as partial agonists with respect to respiratory depressant effects due to their G-protein biased signaling mechanism of action (Kruegel et al., 2016; Kruegel and Grundmann, 2018; Váradi et al., 2016).

Animal studies that have attempted to determine the lethal dose of kratom have also failed to document acute overdose deaths with similar symptoms to morphine. Rather they have found that at dose equivalents of hundreds or more times the typical human dose range, some animals die over days or weeks due to a variety of causes unrelated to respiratory depression (Henningfield et al., 2018a; Prozialeck et al., 2019). For example, a study in which 100 mg/kg MG, p.o. administered to rats for 28 days produced only an increase in liver weight (Sabetghadam et al., 2013). No evidence of toxicity was found at doses as high as 920 mg/kg MG in dogs (Macko et al., 1972), or as high as 807 mg/kg MG in rats (Macko et al., 1972). Studies in rats reported lethal effects of 200 mg/kg total alkaloid extract of *M. speciosa* given intragastrically (Azizi et al., 2010; Janchawee et al., 2007); however, respiratory depression was not observed.

2. Surveillance data and user estimates can inform relative mortality risk

There is no nationally projectable survey for estimating the number of kratom consumers in the U.S.; however, it appears plausible that there are presently approximately 10–16 million or more current, regular kratom users in the US.[1] This suggests that there may be 48 million or more kratom exposures per month or 576 million per year over the past 1–2 years, which in turn suggests a very low rate of serious adverse events and deaths involving kratom.

Four internet surveys of > 20,000 kratom users, > 20,000 comments to the Drug Enforcement Administration (DEA), and a survey of > 500 people in treatment for opioid use disorder indicate that some fraction of kratom consumers are using kratom as an alternative to opioids (Coe et al., 2019; Grundmann, 2017a, 2017b; Henningfield et al., 2018a; Smith and Lawson, 2017). The opioids had been used for self-treating pain or addiction, and a prevailing motivator is the user's assumption that kratom carries far less risk of overdose death. This is consistent with opinions of many kratom experts in the US (Grundmann et al., 2018; Swogger and Walsh, 2018; Henningfield et al., 2018a, 2018b), as well as in South East Asia where kratom use is very common by itself and in place of opioids (Prozialeck et al., 2019).

In the context of the US opioid epidemic in which 46,600 opioid-attributed deaths were estimated by the CDC in 2017 (CDC, 2018), and which has been rapidly escalating for more than a decade (Jalal et al., 2018), it is important to provide some basis for estimating the relative risk of kratom-associated deaths as compared to morphine-like opioids. Some insight can be provided by a comparison of the numbers of deaths attributed to opioids with the numbers that have been reported as possibly involving kratom by the Food and Drug Administration (FDA) and NIDA. Two approaches are presented in Tables 1 and 2.

Table 1 provides a comparison of deaths attributed to opioids (primarily fentanyl, heroin, and prescription opioids) in the US in 2017, with various estimates of deaths that have been reported by the FDA as “associated with” kratom. The table includes the 43[2] kratom-associated deaths reported by FDA from the years 2011 to 2017, as well as an estimate that excludes deaths in which other causes of death were established as more likely than kratom, and an estimate of deaths from 2016 and 2017 in the US only to provide a more comparable basis to opioid deaths that are based on 2017 data.

Table 2 provides comparisons of death rates and relative risks per estimated number of kratom users and nonmedical opioid users.

Because all currently available information about the kratom user population comes from online or small sample surveys, the actual number of kratom users may vary considerably from the estimated approximately 16 million. However, the current number is the best and most conservative estimate for the US.

In all cases of kratom-associated, kratom-involved, kratom-positive, or kratom-reported cases the actual substance reported was the indole alkaloid, MG. In some cases, the substance was semi-quantified while in others it was simply reported as positive assuming the presence of kratom extract. In still other cases, the substance was assumed based on reports of use from family members. However, there is currently no correlation between MG blood levels and observed behavioral, adverse, or lethal effects. It is therefore unclear whether MG serves as a good indicator for reporting kratom intoxication and especially a kratom fatality. Some animal in vitro and in vivo experiments indicate that the structural analogue 7-hydroxy-MG may have a stronger affinity for the opioid receptor and pose a higher mortality risk. There are also initial studies showing that MG is metabolized to 7-hydroxy-MG by the liver; thus, the degree of potential toxicity may be limited and subject to interindividual metabolic variability (Kamble et al., 2019; Avery et al., 2019; Kruegel et al., 2019). As discussed by Kruegel et al. (2019), the processes mediating the metabolism of MG to 7-hydroxy-MG and the neuropharmacology of these substances may help explain the new findings related to mitragynine and the more favorable safety profile as compared to other substances that have morphine-like opioid receptor agonist activity.

3. Conclusions

Kratom is not without risk, but the risk estimates as calculated by any of the approaches used, relative to opioids, suggest that morphine-like opioids carry an overdose risk of a thousand or more times greater than kratom. This conclusion has the limitation that some kratom users

[1] The American Kratom Association surveyed export data from several Indonesian kratom grower's commercial export associations that document an average of 1.950 metric tons of kratom are exported on a monthly basis to the U.S. Based on an estimated daily 4–6 g/day per consumer, this yields a potential range 10.83 million–16.25 million kratom consumers. This should be considered a very rough estimate that does not account for heavy kratom users or the number of light non-daily users, which surveys suggest represent the majority of current kratom users. See http://www.americankratom.org/images/Kratom_Population_2019.pdf.

[2] Although FDA released 44 reports of kratom associated deaths, at least one case was reported twice as ID Nos. 14449343 and 14254346.

Table 1
Deaths associated with kratom and opioids estimated for 2017.

Drug class	Number of associated deaths estimated to have occurred in 2017	Past year use	Number of deaths in the (US) in 2017: ratio of opioids to kratom
Any morphine-like opioid including, licit and illicit fentanyl, heroin and oxycodone	47,600[a]	1.7 million suffering from OUD 652,000 suffering from heroin use disorder (not mutually exclusive)[b] 11,401,000 past year heroin use or pain reliever misuse [c,d]	
Prescription opioids	17,029[e, f, g]		
Kratom	6	10.83 million–16.25 million (see basis in footnote 1, *supra*)	7933 to 1
		Compared to prescription opioids	2838 to 1
General population	2.7 million deaths in the US	327 million US population	

[a] CDC, 2018, *supra*.
[b] NIDA, 2019c, *supra*.
[c] Substance Abuse and Mental Health Services Administration (SAMHSA, National Survey on Drug Use and Health (NSDUH), Data Tables, 2017.
[d] Does not include use with prescription and under guidance from a healthcare professional.
[e] NIDA, 2019b, *supra*.
[f] See also Sullum, 2019, *supra, stating that* 68% of prescription opioid overdose deaths also involved heroin, fentanyl, cocaine, barbiturates, benzodiazepines, or alcohol.
[g] As discussed by Scholten and Henningfield (2016a, 2016b), properly prescribed opioids carry a low risk of overdose or abuse, but prescription opioid associated reports typically include people who were not prescribed or who obtained prescriptions without legitimate medical need. Further, as discussed by Sullum, other substances (licit and illicit) appear to be strong drivers of overdose attributed to prescription opioids.

Table 2
Death rate and relative risks per estimated number of kratom users and nonmedical opioid users.

Drug class	Number of deaths "associated with kratom by the in FDA in 2017"	Use in past year	Death rate for past year use	Risk relative to kratom use
Kratom (estimate avg. 4 g/day/user)	6[a] (2017)	16,250,254[b]	0.000000369	1
Kratom (estimate avg. 6 g/day/user)	6[c] (2017)	10,833,502[d]	0.000000554	1
Any opioid	47,600[e] (2017)	11,401,000[f]	0.0042	11,382.1:1
Heroin	15,482[g] (2017)	324,000[h]	0.048	130,081.3:1

[a] Revised from the 44 deaths listed by FDA (2017) based on duplication of decadent ID No. 14449343 under ID No. 14254346.
[b] Based on American Kratom Association kratom tonnage import data and an estimated daily 4 g/day user base.
[c] Revised from the 44 deaths listed by FDA (2017) based on duplication of decedent ID No. 14449343 under ID No. 14254346.
[d] Based on kratom tonnage import data and an estimated daily 6 g/day user base.
[e] CDC, 2018, *supra*.
[f] Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), Center for Behavioral Health Statistics and Quality, 2018.
[g] NIDA, 2019b, supra.
[h] Heroin users who did not use other opioids as described in SAMHSA, 2017, *supra*.

inherently carry or assume factors that might greatly increase the risk of kratom-associated mortality, e.g., use in combination with opioids, sedatives, alcohol or other drugs, or some preexisting disease states that may make kratom use especially risky. The fact that the causes of deaths that were associated with kratom use varied widely and included liver disease, homicide, suicide, trauma, and overdose with clearly lethal levels of other drugs (Babin, 2018; FDA, 2017; Henningfield et al., 2018b), cannot form the basis for concluding that co-existing conditions make kratom use more or less risky compared to opioids.

More studies of kratom safety are needed. As kratom use continues to increase, it is likely that among the 2,813,503 total US deaths per year (Kochanek et al., 2019), an increasing number will be cases in which kratom use was suspected or detected without determination or consideration of the potential involvement of other licit and/or illicit drug(s), in part due to inadequate postmortem toxicology data and testing protocols (Olsen et al., 2019; Gershman et al., 2019). While toxicology data in humans needs to be further explored, initial data indicate that long-term kratom use in traditional settings does not result in changes in several biochemical parameters related to safety (Singh et al., 2018). In addition, as is the case with many other dietary and herbal supplements, it is possible that adverse effects may result from interactions of kratom with other herbs as well as with medicines. Further studies will be important to guide labeling and consumer information. Of particular importance is a major nationally projectable survey that would provide a basis for estimating the number of past year and past month kratom users, amount of use, mode or type of kratom use, reasons for use, association with illness and other drug and substance use, and the extent and geographic distribution of people using kratom in place of opioids who might be at risk of relapse to opioid use if kratom was banned at the local, state or federal level. Because many deaths possibly involving kratom appear to have also involved opioids and other drugs that are known to carry a high risk of overdose death, a regulatory approach that establishes standards for kratom product purity, packaging, labeling, and alkaloid content is urgently needed to reduce the risks for persons who purchase lawfully marketed products. In this context, it is promising that four states have passed kratom consumer protection laws setting standards for kratom purity, labeling, minimum age of purchase, requiring registration and will include oversight. Legislators in other states are developing similar proposals (American Kratom Association, 2019).

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Declaration of competing interest

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Survey of Adult Kratom Users in the U.S.

Provides Insight Into Potential for Harm or Abuse

2,798 kratom users

WHO:

84% at least some college
40 years old on average
61% are women

WHY:

91% pain relief
67% treat anxiety
64% treat depression
41% treat **opioid dependence**[1]

Of those treating opioid dependence:
87% reported relief from withdrawal symptoms
35% were free from opioids >1 year

SIDE EFFECTS:

19% mild
1.9% serious[2]
9.5% withdrawal

<10% met criteria for mild kratom substance use disorder
<3% met criteria for moderate or severe kratom substance use disorder



1. many people reported multiple reasons for use
2. including symptoms like anxiety, irritability, depression and insomnia

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Full length article

Kratom (*Mitragyna speciosa*): User demographics, use patterns, and implications for the opioid epidemic

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ABSTRACT

Background: Kratom, a Southeast Asian plant with opioid-receptor mediated effects, has emerged as a potential substance of abuse, with limited data on its use and effects. This study characterized kratom user demographics, use patterns, and perceived drug effects.

Methods: A cross-sectional, anonymous online survey was conducted between January and December 2017.

Results: 2,798 kratom users – mean age 40 (SD = 12); predominantly White (90 %), female (61 %), and located in the US (97 %) – completed the survey. Kratom was primarily taken orally in doses of 1 – 3 g (49 %), with daily use (59 %) being most common. Kratom was used for pain (91 %), anxiety (67 %), and depression (65 %), with high ratings of effectiveness. 1,144 (41 %) used kratom to stop or reduce prescription or illicit opioid use, citing decreased opioid withdrawal and craving related to kratom use, with 411 reporting > 1-year continuous abstinence from opioids attributed to kratom use. Roughly one-third of respondents reported adverse effects of kratom, largely rated as mild in severity and lasting ≤ 24 h. Seventeen participants (0.6 %) sought treatment for adverse effects. Fifty-six individuals (2 %) met DSM-5 criteria for a past-year moderate or severe kratom-related substance use disorder (SUD). When asked how troubled they felt regarding their kratom use, the mean (SD) rating was 3.2 (9.8) on a scale from 0 to 100.

Conclusion: Kratom is used among White, middle-aged Americans for symptoms of pain, anxiety, depression, and opioid withdrawal. Although regular use was typical, kratom-related SUD and serious adverse effects were uncommon. Additional research on kratom epidemiology and pharmacology is imperative in light of the present opioid epidemic.

1. Introduction

Kratom (*Mitragyna speciosa*) is an evergreen tree in the coffee (*Rubiaceae*) family native to Southeast Asia (SEA), where it has a long history of traditional use (Hassan et al., 2013; Singh et al., 2016). Kratom leaf or extract are typically ingested orally for treating pain and other medical conditions, and to aid in the performance of agricultural and manual labor (Hassan et al., 2013; Singh et al., 2016). Kratom and its alkaloids have been classified as atypical opioids because they are structurally and biologically distinct from classical opioids (e.g., morphine) that are derived from the poppy (*Papaveraceae*) family (Raffa et al., 2018). Kratom has emerged as a natural product available for purchase over the internet (Babu et al., 2008; Prozialeck, 2016), and has been identified as a Drug of Concern by the US Drug Enforcement Administration (DEA, 2017). Surveys and case studies suggest many Americans are using kratom to self-medicate a range of conditions including pain and opioid withdrawal (Boyer et al., 2007; Coe et al., 2019; Grundmann, 2017; Henningfield et al., 2018; Smith and Lawson, 2017; Swogger et al., 2015), although there are limited empirical data available to support a therapeutic benefit for such use.

Kratom contains more than three dozen unique indole alkaloids, including its primary alkaloid mitragynine, which makes up approximately 66 % of the total alkaloids in kratom leaves (Kruegel and Grundmann, 2018; Takayama, 2004). Preclinical studies of mitragynine suggest it may hold potential toward developing new and efficacious pain medications (Kruegel and Grundmann, 2018; Macko et al., 1972; Takayama, 2004). Mitragynine is a G-protein-biased partial agonist of the mu-opioid receptor that does not recruit the β-arrestin signaling

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pathway like classical opioids (Kruegel et al., 2016; Váradi et al., 2016). It is thus hypothesized to confer analgesic effects with lower risk of respiratory depression than classical opioids (Kruegel et al., 2016; Siuda et al., 2017; Váradi et al., 2016). Mitragynine and kratom extracts have shown robust antinociceptive effects in rats, mice, and dogs, suppressing nociceptive response to both mechanical and thermal noxious stimuli with minimal respiratory depression (Hassan et al., 2013; Macko et al., 1972; Matsumoto et al., 1996; Sabetghadam et al., 2010). Furthermore, these antinociceptive effects are blocked by the opioid antagonist naloxone, suggesting an opioid-receptor mediated mechanism of action (Matsumoto et al., 1996; Sabetghadam et al., 2010). Abuse liability testing of mitragynine in rats has shown that it reduces morphine self-administration but does not substitute for morphine, and it does not engender or maintain intravenous self-administration, suggesting low abuse liability (Hemby et al., 2018). In addition, pretreating rats with mitragynine has also been shown to reduce heroin self-administration though mitragynine itself is not self-administered (Yue et al., 2018). However, 7-hydroxymitragynine, a minor alkaloid present at low levels (~2 % of alkaloids) in kratom leaves (Ponglux et al., 1994) has shown mu-opioid receptor-mediated analgesic effects (Matsumoto et al., 2004), and has been found to substitute for morphine and engender and maintain intravenous self-administration in rats in a dose-dependent manner (Hemby et al., 2018).

Survey studies indicate kratom has been used as a substitute for opioids and to alleviate opioid withdrawal both in SEA (Vicknasingam et al., 2010) and the US (Boyer et al., 2008; Coe et al., 2019; Grundmann, 2017). Internet-based studies have found that in the US, kratom is predominantly being used by White, middle-aged, middle-income, college-educated individuals for treatment of pain, opioid withdrawal, and mental health conditions, with relatively minor (e.g. stomach upset), dose-dependent adverse effects (Grundmann, 2017; Henningfield et al., 2018; Swogger et al., 2015). Among a sample of 8,049 kratom users in the US, more than a quarter of respondents reported using kratom to reduce illicit (e.g. heroin; n = 539) or prescription (e.g. opioid medication; n = 1813) drug dependence or withdrawal (Grundmann, 2017).

To date, the behavioral pharmacology and abuse liability of kratom have not been well-characterized in humans. One study conducted in Thailand that administered different doses of kratom tea to 10 chronic kratom-using males and evaluated blood and urine mitragynine levels found linear pharmacokinetics, time to maximum plasma concentration of roughly 1 h, and a terminal half-life of about one day (Trakulsrichai et al., 2015). Otherwise, no controlled laboratory research with kratom or its alkaloids has been conducted in humans. Given the lack of controlled human studies, it is important to understand more about kratom use patterns, users' motives, and outcomes following kratom exposure. This information can help inform prospective evaluations of kratom for different indications as well as regulatory decisions regarding scheduling. The present study collected demographic and self-report data from individuals who use kratom to extend the limited existing literature on contemporary kratom use.

2. Methods

2.1. Data collection

We conducted this cross-sectional, anonymous online survey to further characterize kratom user demographics, reasons for and patterns of kratom use, and perceived benefits of use. Self-reported adverse effects associated with kratom use were examined, including potential kratom withdrawal symptoms. Finally, indicators of abuse liability and problematic kratom use were assessed. All data were collected anonymously (no name or personally identifiable information recorded) using Qualtrics (Qualtrics, Provo, UT, USA). IP addresses were collected so the same person could not respond to the survey repeatedly, but were destroyed after data collection was completed. Between January 2017 and December 2017 participants were recruited using online advertisements and email announcements distributed via sites of interest to kratom users (e.g., American Kratom Association, Erowid, Reddit). Participants were required to be age 18 years or older, English language proficient, and have used kratom in the past year. Information about the purpose of the study was provided prior to beginning the survey, and by choosing to begin the survey respondents indicated their consent for voluntary participation. Participants who completed the initial pilot version of the survey through Amazon Mechanical Turk (n = 36) received $3.10 for completing the survey. Otherwise, no incentives were offered for study participation. Due to its confidential and anonymous nature, the Johns Hopkins University School of Medicine Institutional Review Board determined this did not qualify as human subjects research.

2.2. Measures

Participants provided demographic information (e.g., age, highest level of education, household income), location of residence, past-year use of licit (e.g., alcohol, nicotine), illicit (e.g., heroin, psychedelics), and prescription drugs (e.g., antidepressants, prescription opiates), and lifetime medical diagnoses. The 10-item Patient-Reported Outcomes Measurement Information System Global Health (PROMIS-GH) scale was used to assess general physical and mental health (Broderick et al., 2013). Chronic pain was assessed using the 15-item Brief Pain Inventory (BPI) (Cleeland and Ryan, 1994).

Data regarding kratom use patterns, including age of kratom use initiation, frequency of use, typical dose of kratom, and route of administration were collected. Participants were asked to endorse whether they used kratom for specific conditions (e.g., pain, depression), if they would recommend kratom as a remedy for these conditions, and to rate how effective they considered kratom for these conditions using a visual analog scale (VAS) from 0 (not at all) to 100 (extremely). Participants were asked to report whether they had ever used kratom to help reduce or stop using heroin and/or licit or illicit use of pharmaceutical pain medications (e.g., Oxycontin, Percocet). Those who reported using kratom for this purpose then provided information on the perceived effectiveness of kratom to mitigate opioid use and ways in which kratom may have been useful in this capacity.

Incidence of self-reported adverse effects or side effects attributed to kratom was queried, and information on duration, severity, and medical treatment for adverse effects was collected. Similarly, potential kratom-related withdrawal was probed, with those endorsing possible kratom withdrawal completing the 16-item Subjective Opiate Withdrawal Scale (SOWS) to evaluate symptom severity (Handelsman et al., 1987). Participants rated typical subjective effects of kratom across 13 items from the Drug Effects Questionnaire (DEQ), assessing type, strength, and desirability of kratom effects associated with abuse liability (e.g., drug liking, euphoria, desire) using VAS from 0 (not at all) to 100 (extreme) (Morean et al., 2013). Additionally, participants were asked to rate how troubled or bothered they were by their kratom use using VAS from 0 (not at all) to 100 (extreme). Participants completed a DSM-5 substance use disorder (SUD) symptom checklist to assess whether past-year kratom use met diagnostic criteria for a kratom-related SUD (American Psychiatric Association, 2013; Hudziak et al., 1993).

2.3. Data analysis

Descriptive statistics were generated to determine the prevalence, means, and proportions of relevant variables. Chi-square (categorical variables) and Mann-Whitney U (continuous variables) tests were used to examine differences between those who used kratom to reduce opioid use and those who did not. To evaluate factors related to kratom use outcomes, we conducted four independent multivariate logistic regressions using Maximum Likelihood estimates for each of the

following outcomes: negative effect of kratom use ≥1 lifetime/never lifetime); experience withdrawal from kratom use (≥1 symptom/0 symptoms); ever sought treatment for kratom use (yes/no); and lifetime use of kratom to reduce opioid use (yes/no). Several demographic and drug use variables were entered into the models as predictors, including: age, sex, race, relationship status, education, employment status, income, geographic region, past 12-month alcohol use, past 12-month opioid use, diagnosis of bipolar disorder, diagnosis of depression, age of first kratom use, kratom use frequency, number of kratom-related SUD symptoms, SOWS total, pain severity, experienced opioid withdrawal, and the total number of different types of opioids used in past 12 months. Data were analyzed using IBM Microsoft SPSS version 25 (IBM®, 2017), and Prism version 7.0 (GraphPad, La Jolla, CA, USA).

3. Results

3.1. Sample characteristics

Of the 4,302 individuals who began the survey, 2,826 (66 %) met all study inclusion criteria and completed the entire survey. Of these, 28 were removed due to inconsistent responses or technical issues, resulting in a final sample of 2,798 kratom users. Fifty-three percent of the final sample learned about the survey through the American Kratom Association and 44.2 % found it through Facebook or other social media websites.

Table 1 displays the means and proportions for demographic and substance use items. Respondents were on average 40.2 years old (SD = 11.8) and majority female (60.7 %). Most were married or in a committed relationship (66.5 %), employed (68.4 %), and had some college education (83.9 %). The median annual household income was between $50,000-$59,000. The largest geographic residential concentration for respondents was the U.S. South (41.0 %). Alcohol was the most commonly reported substance used in the past year (47.4 %), followed by tobacco (42.2 %), cannabis (37.2 %), and opioids (33.0 %). Roughly half the sample (52.9 %) reported ever experiencing opioid withdrawal symptoms or difficulty controlling opioid use.

3.2. Physical and psychological health

A majority of the sample (n = 1,924; 68.8 %) reported experiencing chronic pain over the past 3 months. Among this group, the mean (SD) BPI pain severity score was 4.1 (1.8), and the mean pain interference score was 4.9 (SD = 2.9), with possible scores ranging from 0 to 10 and greater scores indicating more pain or pain interference in daily activities. Pain was most commonly reported in the lower (53.8 %) and upper back (34.6 %), shoulders (33.1 %), and knees (31.3 %). Among this chronic pain group, 39.4 % reported currently taking a prescribed medication to treat pain, and 87.6 % reported current kratom use for pain.

Among the entire sample, the most commonly reported lifetime medical diagnoses (Table 1) included back pain (72.5 %), depression (65.0 %), muscle pain (62.9 %), neck pain (55.0 %), joint pain (54.5 %), panic attacks (48.1 %), and arthritis (43.8 %). PROMIS-GH physical health mean (SD) scores were 13.7 (3.2), and mental health scores were 12.8 (3.5), which both convert to standardized PROMIS-GH T-scores of approximately 45, slightly below the US general population mean of 50 (Hays et al., 2009).

3.3. Reasons for kratom use and use patterns

Most respondents endorsed using kratom for pain relief (91.3 %), and/or to treat mood-related issues such as anxiety (67.2 %), and depression (64.5 %). Among these, the majority said they would recommend kratom for pain relief (98.7 %), and mood-related issues (96.7 %). Mean (SD) efficacy ratings of kratom for treating pain on a scale from 0 (not at all) to 100 (extremely) were 83.3 (18.5); for anxiety

Table 1
Demographic characteristics and comparisons of respondents who did and did not report using kratom to reduce opioid use.[a]

Respondent Group				
Characteristic	Total Sample N = 2,798	Opioid reduction users N = 1,144	Other users N = 1,654	*P* value[b]
Age in years, Mean ± SD	40.2 ± 11.8	39.8 ± 10.5	40.5 ± 12.6	.449
Sex, No. (%)				
Female	1,699 (60.7)	696 (60.8)	1,003 (60.6)	.916
Race, No. (%)				
American Indian/ Native Hawaiian	40 (1.4)	25 (2.2)	15 (0.9)	.013
Asian	14 (0.5)	4 (0.3)	10 (0.6)	
Black/African American	11 (0.4)	2 (0.2)	9 (0.5)	
More than one race/ some other race	176 (6.3)	60 (5.2)	116 (7.0)	
White	2,513 (89.8)	1,035 (90.5)	1,478 (89.4)	
Prefer not to respond	44 (1.6)	18 (1.6)	26 (1.6)	
Relationship status, No. (%)				
Single, never married	530 (18.9)	206 (18.0)	324 (19.6)	.671
In committed relationship/ married	1,860 (66.5)	775 (67.8)	1,085 (65.6)	
Separated/divorced	362 (12.9)	144 (12.6)	218 (13.2)	
Widowed	46 (1.6)	19 (1.7)	27 (1.6)	
Education, No. (%)				
Did not complete High school	51 (1.8)	22 (1.9)	29 (1.8)	.006
High school graduate or equivalent	401 (14.3)	189 (16.5)	212 (12.8)	
Some college	998 (35.7)	424 (37.1)	574 (34.7)	
College degree (e.g., AA, BS)	921 (32.9)	362 (31.6)	559 (33.8)	
Some graduate school	150 (5.4)	55 (4.8)	95 (5.7)	
Advanced degree (e.g., Ph.D.)	277 (9.9)	92 (8.0)	185 (11.2)	
Employment status, No. (%)				
Employed	1,915 (68.4)	785 (68.6)	1,130 (68.3)	< .001
Unemployed	313 (11.2)	148 (12.9)	165 (10.0)	
Student	109 (3.9)	27 (2.4)	82 (5.0)	
Other (e.g., disabled, retired)	461 (16.5)	184 (16.1)	277 (16.7)	
Household income, No. (%)				
< $10,000–$29,999	716 (25.6)	305 (26.7)	411 (24.8)	.098
$30,000–$49,999	608 (21.7)	266 (23.3)	342 (20.7)	
$50,000–$62,999	459 (16.4)	192 (16.8)	267 (16.1)	
$70,000–$99,999	483 (17.3)	180 (15.7)	303 (18.3)	
≥$100,000	532 (19.0)	201 (17.6)	331 (20.0)	
Geographic region, No. (%)				
Northeast	417 (14.9)	163 (14.2)	254 (15.4)	.132
Midwest	540 (19.3)	223 (19.5)	317 (19.2)	
South	1,147 (41.0)	495 (43.3)	652 (39.4)	
West	612 (21.9)	237 (20.7)	375 (22.7)	
Outside U.S./Prefer not to say	82 (2.9)	26 (2.3)	56 (3.4)	
Past 12-month substance use, No. (%)				
Alcohol	1,327 (47.4)	489 (42.7)	838 (50.7)	< .001
Antidepressants	787 (28.1)	296 (25.9)	491 (29.7)	.028
Benzodiazepines	702 (25.1)	327 (28.6)	375 (22.7)	< .001
Cannabis	1,041 (37.2)	419 (36.6)	622 (37.6)	.278
Cocaine	103 (3.7)	57 (5.0)	46 (2.8)	.002
Hallucinogens	161 (5.8)	51 (4.5)	110 (6.7)	.014
Opioids (prescribed or illicit)	922 (33.0)	550 (48.1)	372 (22.5)	< .001
Tobacco	1,180 (42.2)	573 (50.1)	607 (36.7)	< .001
Lifetime medical diagnoses, No. (%)				
Arthritis	1,225 (43.8)	532 (46.5)	693 (41.9)	.016
Back pain	2,028 (72.5)	875 (76.5)	1,153 (69.7)	< .001
Depression	1,818 (65.0)	797 (69.7)	1,021 (61.7)	< .001
Herniated disc	792 (28.3)	413 (36.1)	379 (22.9)	< .001
Joint Pain	1,526 (54.5)	664 (58.0)	862 (52.1)	.002
Menopause	538 (19.2)	187 (16.3)	351 (21.2)	.001

(*continued on next page*)

Table 1 (*continued*)

Respondent Group				
Characteristic	Total Sample N = 2,798	Opioid reduction users N = 1,144	Other users N = 1,654	*P* value[b]
Migraine/serious headaches	1,140 (40.7)	509 (44.5)	631 (38.1)	< .001
Muscle pain	1,760 (62.9)	774 (67.7)	986 (59.6)	< .001
Neck pain	1,540 (55.0)	669 (58.5)	871 (52.7)	.002
Ovarian cyst	550 (19.7)	261 (22.8)	289 (17.5)	< .001
Panic attacks	1,346 (48.1)	596 (52.1)	750 (45.3)	< .001
PTSD	711 (25.4)	327 (28.6)	384 (23.2)	.001
Restless leg syndrome	799 (28.6)	408 (35.7)	391 (23.6)	< .001
PROMIS-GH				
Physical health,[c] Mean ± SD	13.7 ± 3.2	13.8 ± 3.0	13.6 ± 3.3	.203
Mental health,[c] Mean ± SD	12.8 ± 3.5	13.0 ± 3.4	12.7 ± 3.5	.014

Abbreviation: No, number; SD, standard deviation; PTSD, Post-Trumatic Stress Disorder; PROMIS-GH, Patient-Reported Outcomes Measurement Information System Global Health scale.

[a] Opioid reduction users were classified as those who responded affirmatively to the question, "Have you ever used kratom to help you cut down or stop using heroin or prescription pain medications (such as Vicodin, Percocet, Oxycontin, etc.)?".

[b] P values calculated using chi-square and 2-tailed Mann-Whitney U tests.

[c] Range = 4–20. Greater values indicate better physical / mental health.

were 76.7 (24.3); and for depression were 76.5 (25.4). Subgroups also reported using kratom for post-traumatic stress (29.6 %) or bipolar mood (24.6 %), with mean (SD) efficacy ratings of 60.2 (38.2), and 51.4 (39.9), respectively.

The mean (SD) age for kratom use initiation was 38 (12.2) years (Table 2). The majority of respondents reported using kratom ≥100 times in their lifetime (76.2 %), and most had used kratom in the 24 h before completing the survey (80.7 %). The most commonly reported typical dose range per occasion was 1−3 grams (49.0 %), followed by 4−6 g (33.4 %). Daily use was reported by the majority of respondents (59.1 %), with a mean (SD) of 2.7 (1.3) doses used per day. Ingesting kratom orally in powder form was the most common method of administration (43.6 %) followed by drinking as a prepared beverage (e.g., tea, smoothie; 37.0 %).

3.4. Kratom adverse effects

Approximately 19 % of participants reported adverse effects from kratom use (Table 2), with an additional 12.8 % reporting possible kratom-related adverse effects. Among those reporting definite or possible adverse effects, only 1 % (n = 9) indicated serious to extreme severity, and 1.9 % (n = 17) reported seeking medical treatment for adverse effects. Most adverse effects were rated mild in severity (63.2 %) and lasted ≤1 day (86.1 %). Kratom-related withdrawal symptoms were reported by 9.5 % of respondents with another 17.5 % reporting possible kratom-related withdrawal. The overall logistic regression model fit was significantly improved by including the abovementioned predictor variables (χ^2 = 580.73, $p < .001$). Logistic regression revealed that adverse effects of kratom use were significantly associated with younger age (aOR > 1.20 for people 65 years or younger; 95 % CI: 0.18, 13.42)[1], male sex (female aOR = 0.75; 95 % CI: 0.59, 0.95), having less education (aOR > 0.90 for people without a graduate/professional degree; 95 % CI: 0.35, 2.07), and lower income (aOR > 1.20 for people earning < $250k annually; 95 % CI: 0.44, 6.14), as well as past 12-month alcohol use (aOR = 0.61 for no alcohol in past 12 months; 95 % CI: 0.48, 0.76), past 12-month opioid use (aOR = 0.59 for no opioid use in past 12 months; 95 % CI: 0.45, 0.76), kratom-related withdrawal (i.e., SOWS total; aOR < 0.01 for SOWS total < 50; 95 % CI: 0.00, 1.21 × 10^{10}), and the number of opioids used in the past 12-months (aOR > 2.45 for people whose used 8+ different types of opioids; 95 % CI: 0.00, 1.44 × 10^{13}). Self-reported depression (aOR = 0.68 for no depression; 95 % CI: 0.54, 0.87), pain severity (χ^2 = 9240.28, $p < .001$), and kratom-related DSM-5 SUD symptoms (χ^2 = 149.93, $p < .001$) were also related to kratom adverse effects.

3.5. Symptoms of withdrawal following kratom abstinence

The mean (SD) SOWS score among these individuals was 8.8 (8.4), indicating mild opiate withdrawal symptoms (i.e., SOWS score < 11). Most respondents (87.7 %) did not meet diagnostic criteria for a past-year kratom-related substance use disorder (SUD) based on the DSM-5 symptom checklist. Less than 3 % met diagnostic criteria for moderate and severe kratom-related SUD. When asked how troubled or bothered they were by their kratom use on a scale from 0 (not at all) to 100 (extremely), the mean (SD) response across the entire study sample was 3.2 (9.8). The most highly rated subjective effects of kratom on a 0–100 VAS (Table 2) included 'good effects' (M = 86.4; SD = 23.0) and 'drug liking' (M = 85.7; SD = 23.7), followed by 'alert' (M = 49.8; SD = 30.9) and 'stimulated' (M = 41.3; SD = 28.6), with lower ratings of 'euphoric' (M = 25.1; SD = 27.1) and 'high' (M = 12.0; SD = 20.1), suggesting potential differences in subjective effects profiles of kratom from classic opioids (Walsh et al., 2008). The overall logistic regression model fit was significantly improved by including the abovementioned predictor variables (χ^2 = 4015.85, $p < .001$). Logistic regression analyses revealed that experiencing kratom withdrawal was significantly predicted by the number of kratom-related DSM-5 SUD symptoms (χ^2 = 3301.90, $p < .001$), sex (female aOR = 0.21; 95 % CI: 0.09, 0.47), total SOWS score (χ^2 = 77.25, $p < .001$), and having experienced opioid withdrawal (aOR = 0.14 for never experiencing opioid withdrawal; 95 % CI: 0.05, 0.36). Seeking treatment for kratom use was also significantly predicted by the number of kratom-related DSM-5 SUD symptoms (all aOR < 0.01 for < 9 DSM-5 SUD symptoms; 95 % CI: 0.00, < 0.01) and SOWS total (all aOR < 0.01 for SOWS total < 50; 95 % CI: 0.00, < 0.01).

3.6. Kratom for opioid use reduction

A subsample of 1,144 individuals (40.9 %) reported using kratom to reduce or stop opioid use, including prescription opioid medications and heroin. Kratom was endorsed by this group as effectively treating their opioid withdrawal symptoms (87.3 %; n = 999), addressing underlying pain related to opioid use (86.1 %; n = 985), reducing opioid cravings (79.6 %; n = 911), and improving mood while tapering off opioids (72.0 %; n = 824). Kratom was widely reported to reduce opioid withdrawal symptoms among this group, including anxiety (86.5 %; n = 989), body aches (86.5 %; n = 989), restlessness (86.4 %; n = 988), and insomnia (79.5 %; n = 910).

Among these respondents, Percocet (33.2 %; n = 380) and Vicodin (32.3 %; n = 369) were the most commonly used opioids in the past year, and heroin exhibited the least past-year use (5.8 %; n = 66). Among this group 122 (10.7 %) reported past-year Suboxone use, 89 (7.8 %) reported past-year methadone use, and 411 (35.9 %) reported no past-year opioid use. Most of these respondents (74.2 %; n = 849) reported achieving ≥6 months of abstinence from opioids attributed to kratom use. The large majority of these participants (99.2 %; n = 1,135) said they would recommend kratom as an opioid withdrawal treatment. The overall logistic regression model fit was significantly

[1] Adjusted odds ratios (aOR) are included where data showed a significant monotonic relationship. χ^2 values are included where the predictor variable had a significant non-linear relationship to the dependent variable. Where multiple categories exist for a variable, the 95% CI shows the range of minimum-to-maximum for all catgeories.

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Table 2
Kratom use patterns and comparisons of respondents who did and did not report using kratom to reduce opioid use.[a]

Respondent Group				
Kratom Use Characteristic	Total Sample N = 2,798	Opioid reduction users N = 1,144	Other users N = 1,654	*P* value[b]
Reasons for kratom use,[c] No. (%)				
Treatment of mood-related or psychiatric symptoms	1,975 (70.6)	873 (76.3)	1,102 (66.7)	< .001
Anxiety	1,881 (67.2)	827 (72.3)	1,054 (63.7)	< .001
Depression	1,804 (64.5)	814 (71.2)	990 (59.9)	< .001
Bipolar Mood	687 (24.6)	340 (29.7)	347 (21.0)	< .001
Post-traumatic Stress Disorder (PTSD)	829 (29.6)	402 (35.1)	427 (25.8)	< .001
For treatment of pain	2,554 (91.3)	1,078 (94.2)	1,476 (89.2)	< .001
To reduce or stop using prescription or illicit opioids	1,144 (40.9)	1,144 (100.0)	0 (0)	< .001
Age of kratom use initiation, Mean ± SD	38.0 ± 12.2	37.3 ± 11.0	38.4 ± 12.9	.107
Has used kratom ≥100 times, No. (%)	2,133 (76.2)	939 (82.1)	1,194 (72.2)	< .001
Last time of kratom consumption, No. (%)				
Past 24 h	2,258 (80.7)	990 (86.5)	1,268 (76.7)	< .001
Past week	300 (10.7)	88 (7.7)	212 (12.8)	
Past month	129 (4.6)	33 (2.9)	96 (5.8)	
Past Year	111 (4.0)	33 (2.9)	78 (4.7)	
Typical dose in grams, No. (%)				
< 1	242 (8.6)	60 (5.2)	182 (11.0)	< .001
1–3	1,372 (49.0)	542 (47.4)	828 (50.1)	
4–6	935 (33.4)	424 (37.1)	509 (30.8)	
7 or more	249 (8.9)	118 (10.3)	135 (8.2)	
Number of doses per day, Mean ± SD	2.7 ± 1.3	3.1 ± 1.3	2.4 ± 1.3	< .001
Past-year frequency of use, No. (%)				
≤1 time per month	109 (3.9)	26 (2.3)	83 (5.1)	< .001
2–4 times per month	152 (5.4)	27 (2.4)	125 (7.6)	
2–3 times per week	375 (13.4)	99 (8.7)	276 (16.7)	
4–6 times per week	508 (18.2)	197 (17.2)	311 (18.8)	
Daily	1,654 (59.1)	795 (69.5)	859 (51.9)	
Route of administration, No. (%)				
Capsule/pill	530 (18.9)	214 (18.7)	316 (19.1)	< .001
Prepared as tea/beverage	1,035 (37.0)	373 (32.6)	662 (40.0)	
Ingested powder	1,221 (43.6)	550 (48.1)	671 (40.6)	
Other (e.g., smoked, IV/SC, consumed as extract)	12 (0.4)	7 (0.6)	5 (0.3)	
Experienced adverse effects from kratom, No. (%)				
Yes	540 (19.3)	198 (17.3)	342 (20.7)	.045
Maybe	357 (12.8)	140 (12.2)	217 (13.1)	
No	1,901 (67.9)	806 (70.5)	1,095 (66.2)	
Adverse effect severity, No. (%)				
Not at all	274 (9.8)	95 (8.3)	179 (10.8)	.589
Mild	567 (20.3)	219 (19.1)	348 (21.0)	
Moderate	47 (1.7)	20 (1.7)	27 (1.6)	
Serious to Extreme	9 (0.3)	4 (0.3)	5 (0.3)	
Sought medical treatment due to adverse effects	17 (0.6)	9 (0.8)	8 (0.5)	.311
Duration of adverse effects, No. (%)				
≤1 day	772 (27.6)	288 (25.2)	484 (29.3)	.476
2–6 days	76 (2.7)	28 (2.4)	48 (2.9)	
1–12 weeks	30 (1.1)	14 (1.2)	16 (1.0)	
4–11 months	6 (0.2)	4 (0.3)	2 (0.1)	
≥1 year	13 (0.5)	4 (0.3)	9 (0.5)	
Has experienced kratom-related withdrawal symptoms, No. (%)				
Yes	267 (9.5)	140 (12.2)	127 (7.7)	< .001
Maybe	491 (17.5)	251 (21.9)	240 (14.5)	
No	2,040 (72.9)	753 (65.8)	1,287 (77.8)	
SOWS Score,[d] Mean ± SD	8.8 ± 8.4	9.2 ± 8.4	8.3 ± 8.5	.017
Past-year DSM-5 kratom-related SUD criteria, No. (%)				
No criteria met	2,454 (87.7)	981 (85.8)	1,473 (89.1)	.043
Mild	276 (9.9)	131 (11.5)	145 (8.8)	
Moderate	51 (1.8)	26 (2.3)	25 (1.5)	
Severe	17 (0.6)	6 (0.5)	11 (0.7)	
How troubled or bothered by kratom use?[e] Mean ± SD	3.2 ± 9.8	3.4 ± 9.9	3.1 ± 9.8	.034
Ratings of typical kratom effects,[e] Mean ± SD				
Drug Effect	27.3 ± 29.8	25.9 ± 29.3	28.2 ± 30.1	.061
Drug Liking	85.7 ± 23.7	87.3 ± 22.5	84.6 ± 24.4	< .001
High	12.0 ± 20.1	11.1 ± 18.9	12.6 ± 20.8	.265
Good Effects	86.4 ± 23.0	86.7 ± 23.5	86.2 ± 22.6	.009
Bad Effects	11.5 ± 15.7	10.8 ± 15.5	12.0 ± 15.9	.036
Desire	30.1 ± 28.9	33.3 ± 29.3	27.9 ± 28.4	< .001
Stimulated	41.3 ± 28.6	42.5 ± 27.9	40.6 ± 29.0	.066
Euphoric	25.1 ± 27.1	24.7 ± 26.6	25.4 ± 27.4	.981
Sick	6.2 ± 12.3	5.8 ± 11.8	6.5 ± 12.6	.094

(*continued on next page*)

Table 2 (*continued*)

Respondent Group				
Kratom Use Characteristic	Total Sample N = 2,798	Opioid reduction users N = 1,144	Other users N = 1,654	*P* value[b]
Dizzy	4.8 ± 10.9	4.9 ± 11.4	4.7 ± 10.5	.703
Alert	49.8 ± 30.9	52.5 ± 30.7	47.9 ± 30.8	< .001
Anxious	3.9 ± 9.6	3.8 ± 8.6	4.0 ± 10.3	.385
Sleepy	22.3 ± 23.6	20.4 ± 22.0	23.6 ± 24.7	.009

Abbreviation: No, number; SD, standard deviation; SOWS, Subjective Opioid Withdrawal Scale; SUD, Substance Use Disorder.

[a] Opioid reduction users were classified as those who responded affirmatively to the question, "Have you ever used kratom to help you cut down or stop using heroin or prescription pain medications (such as Vicodin, Percocet, Oxycontin, etc.)?".

[b] P values calculated using chi-square and 2-tailed Mann-Whitney U tests comparing Opioid reduction users (n = 1,144) and Other users of kratom (n = 1,654).

[c] Respondents could identify multiple reasons for use.

[d] SOWS scores can range from 0 to 64, with scores 0–10 = mild, 11–20 = moderate, > 20 = severe.

[e] Possible scores range 0 (not at all) to 100 (extremely).

improved by including the abovementioned predictor variables (χ^2 = 2988.20, $p < .001$). Kratom use for opioid use reduction was significantly associated with age of first kratom use (aOR > 8.87×10^4 for starting use at age 65 or younger; 95 % CI: 0.00, 12.92×10^6), lifetime kratom use on < 100 occasions (aOR = 0.26; 95 % CI: 0.13, 0.52), frequency of current kratom use (χ^2 = 10.64, $p = .031$), never having experienced opioid withdrawal (aOR < 0.01; 95 % CI: 0.00, < 0.01), greater number of opioids used in the past 12-months (χ^2 = 644.46, $p < .001$), and past 12-month opioid use (aOR = 5.89; 95 % CI: 3.35, 10.39).

3.7. Comparison of kratom users by motivation for use

Tables 1 and 2 show between-groups comparisons of individuals who reported using kratom to reduce opioid use (n = 1,144), and those who reported using kratom for other reasons such as pain or depression (n = 1,654). These groups were similar in many respects including age, sex, relationship status, and geographic location (Table 1). However, groups differed significantly in education and employment status, with those using kratom for opioid use reduction showing lower rates of college or advanced degrees, fewer current students, and greater unemployment.

Those who used kratom to reduce opioid use were less likely to have used alcohol ($p < .001$), antidepressants ($p = .028$), and hallucinogens ($p = .014$), but more likely to have used tobacco ($p < .001$), opioids ($p < .001$), benzodiazepines ($p < .001$), and cocaine ($p = .002$) in the past year (Table 1). Individuals who used kratom to reduce opioid use reported significantly greater lifetime prevalence across a variety of medical diagnoses including back pain, depression, and panic attacks, with menopause being the only diagnosis more common among those using kratom for purposes other than opioid use reduction. Respondents who used kratom to reduce their opioid use also showed significantly higher rates of endorsing kratom use for anxiety, depression, post-traumatic stress, bipolar mood, and pain.

Those who reported using kratom for opioid use reduction exhibited greater likelihood of having used kratom in the 24 h prior to completing the survey, higher dose used per occasion, more doses used per day, greater frequency of use, and higher prevalence of kratom-related withdrawal symptoms (Table 2). Between-group differences in typical subjective effects of kratom were also observed, with opioid reduction users reporting significantly greater drug liking, good effects, alertness, and desire for kratom, and significantly less sleepiness. Those who reported using kratom for opioid reduction were slightly more likely to meet DSM-5 criteria for mild or moderate kratom-related SUD in the past year.

4. Discussion

The current study collected data on kratom user demographics, use patterns, and perceived therapeutic and adverse effects. Participants in the present study were predominantly White, middle-aged, female, with some college education, in a committed relationship, and employed. Physical and psychological health in the current sample was on average slightly below US general population means (Hays et al., 2009), though lifetime pain and depression diagnoses were highly prevalent among respondents. These findings are congruent with observed comorbidity between opioid use disorder, pain, and psychiatric conditions such as depression (Conway et al., 2006; Fischer et al., 2012). Interestingly, respondents who reported using kratom for opioid use reduction had a higher life-time prevalence of depression, but were less likely to use antidepressants than other respondents. It is possible that these individuals use kratom as an alternative to antidepressant medications, though this might also be related to lack of access to medical care, which was not explicitly probed in this survey and should be examined in future studies. Consistent with other recent research (Boyer et al., 2007; Coe et al., 2019; Grundmann, 2017; Henningfield et al., 2018; Smith and Lawson, 2017; Swogger et al., 2015), these data suggest individuals in the US are using kratom to self-treat medical conditions such as pain, depression, anxiety, and opioid withdrawal symptoms, and reporting robust effectiveness for these indications.

This study supports the results of previous studies (Coe et al., 2019; Grundmann, 2017; Smith and Lawson, 2017; Swogger et al., 2015) by suggesting that kratom has a relatively benign risk profile compared to typical opioids, with only a minority of respondents endorsing kratom-related adverse effects, withdrawal symptoms, or problematic use. Adverse effects reported here were most commonly rated as mild and lasted ≤1 day, and less than 1 % of the total sample found the effects of kratom to be severe enough to seek medical treatment. Adverse effects of kratom use were related to a number of demographic, health, and drug use variables including age, sex, education, income, depression, pain severity, and past 12-month alcohol and opioid use. Therefore, younger individuals or people with depression or more severe pain may experience more kratom-related adverse effects, potentially related to co-use with alcohol or other opioids. However, daily kratom users among the current sample were unlikely to meet criteria for a kratom-related SUD, or report substantial problems or concerns related to their kratom use. Logistic regression models additionally found that greater kratom-related SUD symptoms predicted negative effects of kratom use, kratom withdrawal, and seeking treatment for kratom use, but not kratom use for the purposes of opioid reduction. Thus, kratom may differ in important respects from typical opioids, and may have significant therapeutic potential in light of the present opioid crisis (Henningfield et al., 2018; Raffa et al., 2018).

The major limitation of this and other internet-based surveys of kratom users is the self-selected convenience sample queried. Because data were collected online, and recruitment was conducted through websites of interest to kratom users, the sample likely exhibits selection bias towards individuals who are younger, more affluent, and more

positively inclined towards kratom. Therefore, these results may underrepresent individuals from lower socio-economic status backgrounds, older and less technologically-fluent people, and those with negative experiences using kratom (e.g., who discontinued use due to adverse effects and are no longer part of the kratom-using online community). Thus, adverse effects may be underestimated, and benefits overestimated. It was also impossible to distinguish medically prescribed from illicit use of opioid medications in the current dataset, representing another significant limitation of the present study.

Kratom is currently unscheduled in the US, although the US Drug Enforcement Administration and Food and Drug Administration have raised the possibility of Schedule I classification of kratom and its alkaloids, which would strongly deter research and pose a significant public health risk for individuals currently using kratom in place of other opioids (DEA, 2017; Henningfield et al., 2018; Prozialeck, 2016). The rationale for Schedule I classification includes 44 possible kratom-related deaths worldwide over the past decade, most of which are known to involve other substances and/or preexisting medical conditions (Henningfield et al., 2018). The current scope of kratom use in the US remains unknown, and only one controlled human laboratory study of kratom has been conducted to date (Trakulsrichai et al., 2015), highlighting a notable lack of empirical information about the epidemiology and pharmacological effects of kratom in humans. Nationally-representative epidemiological research is needed, along with controlled studies of the potential risks, benefits, medication interactions, and abuse liability of kratom in humans prior to any Scheduling action that may confer unintended, but deleterious, public health consequences. There is a high likelihood that banning kratom or its constituents would compel individuals who are presently using kratom for pain relief or opioid use reduction to return to using prescription or illicit opioids with a known risk of dependence and possible lethal overdose.

With nearly 49,000 opioid-related overdose deaths in the US in 2017, the current opioid epidemic has reached unprecedented levels (Ahmad et al., 2018). Prescription opioid use has increased more than 4-fold since 1999 (Frenk et al., 2015), comprising 245 million prescriptions for opioid medications in 2014 (Levy et al., 2015; Rudd et al., 2016), and contributing to almost half of current US opioid overdose deaths (Ahmad et al., 2018; Rudd et al., 2016). The majority of pharmaceutical opioids are prescribed for the management of acute pain. However, prescription opioid misuse, diversion, and use disorder represent rapidly growing public health concerns (Vowles et al., 2015), highlighting an urgent need for novel pain management options that are safer, and less addictive than current medications (Volkow and McLellan, 2016). If controlled research in humans finds that kratom exhibits analgesic effects with minimal abuse liability and risk of respiratory depression, this could provide a much-needed avenue towards the development of novel medications for pain management and potentially OUD. Thus, additional investigation of kratom and its alkaloids is both timely and promising, and may have critical public health ramifications in the midst of the current opioid crisis.

Contributors

Dr. Garcia-Romeu made substantial contributions to the conception and design of the study, the acquisition, analysis, and interpretation of the data, and the drafting of the manuscript. Dr. Cox made substantial contributions to the analysis of the data, and made critical revisions to the manuscript. Dr. Smith made substantial contributions to the design of the study, the analysis of the data, and made critical revisions to the manuscript. Dr. Dunn made substantial contributions to the conception and design of the study, the acquisition and interpretation of the data, and made critical revisions to the manuscript. Dr. Griffiths made substantial contributions to the conception and design of the study and made critical revisions to the manuscript. All authors read and approved the final version of this manuscript, and agree to be accountable for all aspects of the work.

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Declaration of Competing Interest

The authors have no conflicts of interest to report.

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Lyophilized Kratom Tea as a Therapeutic Option for Opioid Dependence

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ABSTRACT

Background: Made as a tea, the Thai traditional drug "kratom" reportedly possesses pharmacological actions that include both a coca-like stimulant effect and opium-like depressant effect. Kratom has been used as a substitute for opium in physically-dependent subjects. The objective of this study was to evaluate the antinociception, somatic and physical dependence produced by kratom tea, and then assess if the tea ameliorated withdrawal in opioid physically-dependent subjects.

Methods: Lyophilized kratom tea (LKT) was evaluated in C57BL/6J and opioid receptor knockout mice after oral administration. Antinociceptive activity was measured in the 55 °C warm-water tail-withdrawal assay. Potential locomotor impairment, respiratory depression and locomotor hyperlocomotion, and place preference induced by oral LKT were assessed in the rotarod, Comprehensive Lab Animal Monitoring System, and conditioned place preference assays, respectively. Naloxone-precipitated withdrawal was used to determine potential physical dependence in mice repeatedly treated with saline or escalating doses of morphine or LKT, and LKT amelioration of morphine withdrawal. Data were analyzed using one- and two-way ANOVA.

Results: Oral administration of LKT resulted in dose-dependent antinociception (≥1 g/kg, p.o.) absent in mice lacking the mu-opioid receptor (MOR) and reduced in mice lacking the kappa-opioid receptor. These doses of LKT did not alter coordinated locomotion or induce conditioned place preference, and only briefly reduced respiration. Repeated administration of LKT did not produce physical dependence, but significantly decreased naloxone-precipitated withdrawal in morphine dependent mice.

Conclusions: The present study confirms the MOR agonist activity and therapeutic effect of LKT for the treatment of pain and opioid physical dependence.

1. Introduction

Agonists of the mu-opioid receptor (MOR) such as morphine are effective analgesics, but demonstrate adverse effects such as constipation, respiratory depression, physical dependence, and addiction (Li and Zhang, 2012). In 2018, these effects claimed an average of 130 lives daily in the United States from opioid overdose (CDC/NCHS, 2018).

Withdrawal symptoms in subjects physically-dependent on morphine are severe and include increased blood pressure and heart rate, pronounced diarrhea and vomiting, and dysphoria (Ballantyne and LaForge, 2007). The severity of these effects contibutes to the high rate of relapse in subjects abusing opioids (Kreek and Koob, 1998). Current pharmacological treatments for opioid withdrawal include substitution

Abbreviations: ANOVA, Analysis of Variance; β-FNA, β-funaltrexamine; CLAMS, Comprehensive Lab Animal Monitoring system; CPA, conditioned place aversion; CPP, conditioned place preference; DOR, Delta-opioid receptor; KOR, Kappa-opioid receptor; KO, Knockout; LKT, Lyophilized Kratom Tea; MOR, Mu-opioid receptor; nor-BNI, nor-binaltorphimine; p.o., *per os*; RM, Repeated Measures.

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with the MOR agonist methadone or the multifunctional opioid/nociception-OFQ agonist, buprenorphine (Kreek et al., 2002). These therapeutics produce liabilities of abuse and physical dependence that complicates treatment for opioid dependence, highlighting an urgent need for improved therapeutics for pain and opioid withdrawal.

Case studies and surveys suggest a tea traditionally prepared from the fresh leaves of *Mitragyna speciosa* (Korth.) Havil., kratom, may transition physically-dependent individuals off opioids with fewer symptoms of withdrawal (Boyer et al., 2008; Swogger et al., 2015). Kratom tea is documented to decrease fatigue and treat other ailments such as pain, cough, and inflammation (Swogger et al., 2015; Warner et al., 2016). It is speculated that kratom effects are mediated by two of its constituents, mitragynine and 7-hydroxymitragynine (approximately 66% and 1-2% of the plant's alkaloid content, respectively) (Kamble et al., 2019; Kruegel et al., 2019), both of which have shown affinity for, and agonistic effects at, the MOR (Takayama et al., 2002; Boyer et al., 2008; Hassan et al., 2013; Váradi et al., 2016).

Most kratom users partake of the natural product orally as a tea extract (Avery et al., 2018; Boyer et al., 2008). Despite this anecdotal use of kratom to treat pain and opioid withdrawal (Garcia-Romeu et al., 2020), few behavioral pharmacology studies have assessed the analgesic efficacy, liabilities, or the potential of kratom tea to treat opioid withdrawal under controlled conditions. The present study utilized mice to evaluate antinociception and liabilities of relevant doses of orally ingested lyophilized kratom tea (LKT), where the constituents were previously characterized (Sharma et al., 2019) and constant herein. Additionally, the therapeutic potential of LKT to prevent naloxone-precipitated withdrawal in mice physically-dependent on morphine was assessed.

2. Materials and Methods

Male C57BL/6J and gene-disrupted (knock-out, or KO) mice for the mu- (MOR), kappa- (KOR) or delta-opioid receptor (DOR) (20–35 g) were used (Jackson Laboratories, Bar Harbor, Maine, USA). Mice were housed five per cage on a 12:12 h light/dark cycle (lights off at 7 pm). Access to water and food was *ad libitum*. Animal studies are reported in compliance with the ARRIVE guidelines (Kilkenny et al., 2014). Sample sizes were approximated by Power analysis, with animals assigned to groups randomly and double blinded treatment groups. Animal studies were approved and conducted in agreement with the Institutional Animal Care and Use Committees at the Universities of Mississippi, Florida and in accordance to the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978).

2.1. Chemicals

Dried leaves of *Mitragyna speciosa* (kratom) were purchased from Pure Land Ethnobotanicals in February of 2009 and authenticated by Dr. Rita Moraes from the National Center for Natural Products Research at the University of Mississippi. All other chemicals were obtained commercially from Sigma-Aldrich.

2.2. Preparation of Lyophilized Kratom Tea (LKT)

The plant material was prepared as previously described (Avery et al., 2018; Kamble et al., 2019). As reported previously, 200 g of the processed leaf material was added to a finum tea filter, and boiled in 2 L of water for 20 min. The filtered aqueous layer was evaporated to yield LKT. All LKT used were from the same preparation, analyzed for the content of 8 kratom alkaloids using an ultra-performance liquid chromatography tandem mass spectrometer (UPLC-MS/MS) method (see Table 1, reproduced from Sharma et al., 2019).

Table 1
Alkaloid content of LKT.

	mg/g
Alkaloid	
Mitragynine	7.4
Speciociliatine	3.5
Paynantheine	2.5
Corynoxine B	0.3
Corynantheidine	0.2
Isocorynantheidine	0.2
7-hydroxymitragynine	0.1
Speciogynine	0.1

2.3. Dosing of LKT

The test dose of LKT used in the present mouse study was calculated using the FDA-recommended guidelines (listed as equation 1, below) from the normalized dose of mitragynine (56.7 mg) available in a glass of kratom juice consumed by the native kratom users from Malaysia (FDA, 2005; Singh et al., 2020). The correction factors (K_m) were derived from average body weight (kg) of species to its body surface area, with FDA recommended values of K_m as 37 and 3 used for human (60 kg) and mice (0.02 kg), respectively.

$$\text{Equivalent mice dose}\left(\frac{\text{mg}}{\text{kg}}\right) = \text{Human equivalent dose}\left(\frac{\text{mg}}{\text{kg}}\right) * \left[\frac{Km\ for\ human}{Km\ for\ mice}\right] \quad (1)$$

The calculated human equivalent dose of mitragynine in mice (MED) was 11.7 mg/kg. According to the quantitative analysis of LKT for mitragynine content (7.4 mg/g), 1.6 g/kg of LKT would be required to achieve the MED. The MED of LKT (rounded to 2 g/kg) as well as a dose equivalent to half of MED (1 g/kg) was thus used for the LKT characterization in most animal experiments.

2.4. Antinociceptive Characterization (55 °C Warm-Water Tail-Withdrawal Assay)

Mice were divided into 5 groups (n = 8, or 16 for KOR KO mice). The 55 °C warm-water tail-withdrawal assay was performed as previously described (Reilley et al., 2010). Latency to remove the tail from the water was the recorded end point. After measuring baseline responses, mice were administered either morphine (1-60 mg/kg, i.p. or p.o.), vehicle (saline (0.9%)) or LKT (45-4000 mg/kg, p.o.) and the tail withdrawal measured every 10 minutes until a return to baseline was recorded. Antinociception was calculated using the following formula:

% antinociception = 100 x ((test latency-baseline latency)/ (15-baseline latency))

Mice that failed to withdraw their tails within 15 seconds were assigned a maximum antinociceptive response (100%) to avoid tissue damage.

2.5. Respiratory Depression/Locomotor Activity Assessment

Locomotor activity and respiratory depression were assessed using the automated, closed-air Comprehensive Lab Animal Monitoring system (CLAMS) as previously described (Brice-Tutt et al., 2020; Cirino et al., 2019). Randomly grouped mice were habituated in individual chambers for 60 min, then administered morphine (30 mg/kg, p.o.), LKT (1 g/kg, p.o.) or vehicle. Animals moved freely inside the chambers for 3 hours, where respiration (breaths/minute) and ambulation (number of photobeam breaks) were counted.

2.6. Rotarod Assessment of Impaired Motor Activity/Sedation

Sedative or locomotor impairing effects of LKT were assessed as

described previously using the computer-controlled rotarod apparatus (San Diego Instruments, San Diego, CA) (Brice-Tutt et al., 2020; Cirino et al., 2019). Mice were first habituated to the rotarod over seven trials, with the last trial serving as the baseline response. Habituated mice were administered saline (p.o.), U50,488 (10 mg/kg, i.p.), morphine (10 mg/kg, i.p.) or LKT (45 mg/kg or 1 g/kg, p.o.) 15 min prior to assessment in accelerated speed trials (180 s max. latency at 0-20 rpm) performed every 10 min from 0 min over a 60 min period for a total of 14 trials (seven habituation trials + seven drug trials). Decreased latencies to fall indicate impaired motor performance and possible sedation (Cirino et al., 2019).

2.7. Conditioned Place Preference (CPP)

An automated, balanced three-compartment place conditioning apparatus (San Diego Instruments, San Diego, CA) and 2-day counterbalanced conditioning design was used (Cirino et al., 2019; Eans et al., 2015). The amount of time subjects spent in each of three compartments was measured over a 30 min testing period. Each of the next two days, mice were administered vehicle (0.9% saline) and confined in a randomly assigned outer compartment: half of each group in the right and left chambers. Four hours later, mice were administered morphine (10 mg/kg, i.p.) or LKT (100 mg/kg or 1 g/kg, p.o.) and confined to the opposite compartment for 40 min.

2.8. Naloxone Precipitated Opioid Withdrawal Assay

Mice (n = 8-10 group) were placed into six groups (Table 2): saline (i.p.), morphine (10-75 mg/kg, i.p.), escalating doses of LKT (30-125 mg/kg, p.o.), 7-day morphine + LKT (acute), 4-day morphine + LKT (100 mg/kg), 4-day morphine + LKT taper dosing (100-40 mg/kg). Morphine (i.p.) and LKT (p.o.) was dosed daily at 9:00 A.M. and 7:00 P.M., as previously reported (Kamei and Ohsawa, 1997). A final single treatment of morphine or kratom was given on the final day of testing (see Table 2). Two hours post-injection on the last day of testing, the all mice were administered naloxone (10 mg/kg, s.c.) to induce opioid withdrawal symptoms.

Opioid withdrawal behaviors (see Supplemental Table 1) were quantified from mice placed in a 16 cm × 45 cm plexiglass cylinder for 15 min after naloxone administration using established methods (Fernandes et al., 1977; Shaw-Lutchman et al., 2002).

2.9. Statistical Analysis

All data were analyzed using Prism 8.0 software (GraphPad Software, La Jolla, California, USA). Normality and equal variance were confirmed statistically and justified using parametric analysis. Nonlinear or linear regression modeling was performed to analyze ED_{50} values (dose yielding 50% effect) along with 95% confidence intervals (C.I.) using each individual data point. CLAMS data is reported as the % of matching vehicle control responses. The rotarod data are expressed as the % change from baseline performance, using within subject controls. CPP data are reported as the difference in time spent in the drug- and vehicle paired compartments between pre-conditioning and post-conditioning responses. Weight was identified as the percent of weight change each day when compared to the baseline (or naïve weight) of each mouse. Significant differences in behavioral data were analyzed by ANOVA (one-way or two-way RM) as appropriate, with significant results further analyzed with Tukey's multiple comparisons post-hoc tests for significant pairwise comparisons within and between groups. Significance was $p \leq 0.05$.

3. Results

3.1. Lyophilized kratom tea-mediated antinociception in the 55°C warm-water tail-withdrawal assay

Morphine dose-dependently produced full antinociception with an ED_{50} (and 95% C.I.) value of 3.91 (2.92-5.17) mg/kg, i.p., and 4.67 (3.47-6.21) mg/kg, p.o. (Fig. 1A) that significantly differed from vehicle ($F_{(8,144)} = 4.99$, $p < 0.0001$; two-way RM ANOVA) up to 70 min after oral (*per os*, p.o.) administration of approximately the ED_{50} dose (5 mg/kg, p.o.; green triangles, Fig. 1B). LKT also demonstrated significant time and dose-dependent antinociception after oral administration ($F_{(62,490)} = 10.31$, $p < 0.0001$), but the ED_{50} value for LKT was not determined, as a full response was not observed within the doses tested (Fig. 1A). The

Table 2
Method: Experimental Design of Treatment Administration for Naloxone Precipitated Withdrawal Assay.

		Treatment				
Treatment Day	Saline	Escalating Doses of Morphine	Escalating Doses of LKT (30-125 mg/kg)	7d Morphine + LKT-Acute	4d Morphine + LKT Continuing (100 mg/kg)	4d Morphine + LKT Tapering (100-40 mg/kg)
Day 1 am	-	10 mg/kg	30 mg/kg	10 mg/kg	10 mg/kg	10 mg/kg
pm	-	15 mg/kg	35 mg/kg	15 mg/kg	15 mg/kg	15 mg/kg
Day 2 am	-	20 mg/kg	45 mg/kg	20 mg/kg	20 mg/kg	20 mg/kg
pm	-	30 mg/kg	60 mg/kg	30 mg/kg	30 mg/kg	30 mg/kg
Day 3 am	-	50 mg/kg	100 mg/kg	50 mg/kg	50 mg/kg	50 mg/kg
pm	-	60 mg/kg	100 mg/kg	60 mg/kg	60 mg/kg	60 mg/kg
Day 4 am	-	70 mg/kg	125 mg/kg	70 mg/kg	70 mg/kg	70 mg/kg
pm	-	75 mg/kg	125 mg/kg	75 mg/kg	75 mg/kg	75 mg/kg
Day 5 am	-	25 mg/kg	25 mg/kg Kratom	80 mg/kg	100 mg/kg Kratom	100 mg/kg Kratom
pm	-	Morphine -	-	80 mg/kg	100 mg/kg Kratom	100 mg/kg Kratom
Day 6 am	-	-	-	80 mg/kg	100 mg/kg Kratom	80 mg/kg Kratom
pm	-	-	-	80 mg/kg	100 mg/kg Kratom	70 mg/kg Kratom
Day 7 am	-	-	-	80 mg/kg	100 mg/kg Kratom	60 mg/kg Kratom
pm	-	-	-	80 mg/kg	100 mg/kg Kratom	50 mg/kg Kratom
Day 8 am	-	-	-	40 mg/kg Kratom	40 mg/kg Kratom	40 mg/kg Kratom

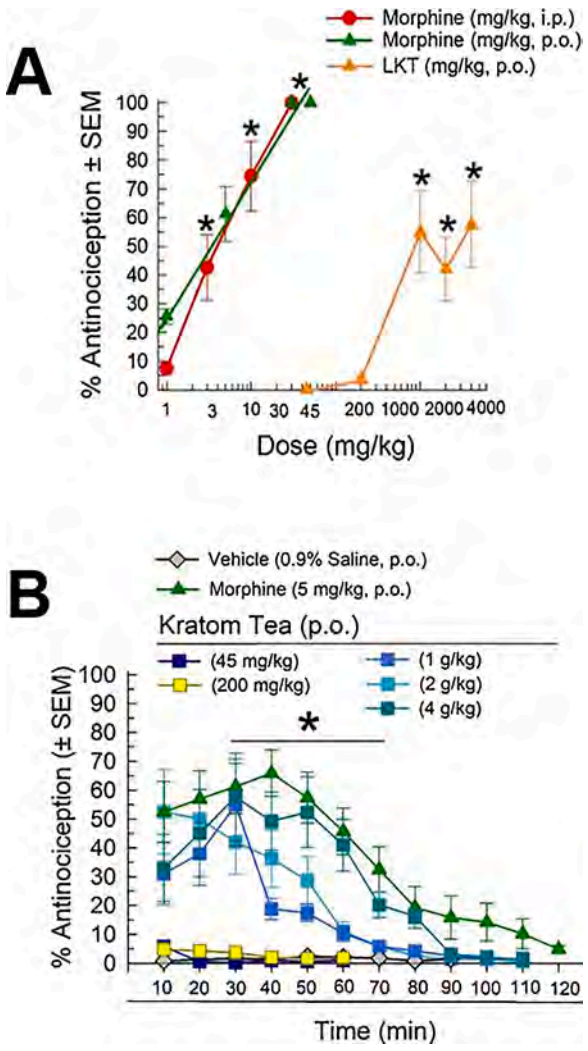


Fig. 1. Characterization of **(A)** dose– and **(B)** time-dependent antinociception of oral Lyophilized Kratom Tea (LKT) in the mouse 55 °C warm-water tail-withdrawal test. Latency to tail withdrawal was evaluated 30 min after administration of morphine (i.p. or p.o.) or LKT (p.o.) for evaluation of dose-response **(A)**, or every 10 minutes post administration for evaluation of time course **(B)**. Points represent the mean ± SEM of n = 8 mice. *$p < 0.05$ versus the pretreatment tail withdrawal response, Two-Way RM ANOVA, with Tukey's multiple comparisons post-hoc test.

peak response of antinociception from high doses of LKT (1 - 4 g/kg p.o.) from 30 to 50 min post-administration was equivalent to that produced by morphine (5 mg/kg, p.o.; Two-Way RM ANOVA w/Tukey's test, Fig. 1B), and the duration of significant LKT-mediated antinociception when given at 4 mg/kg, p.o. lasted as long as morphine (70 min; Fig. 1B).

Potential opioid receptor mediation of antinociception observed after oral dosing of LKT (1 g/kg, p.o.) was tested using mu- (MOR), kappa- (KOR), or delta-opioid receptor (DOR) knockout mice (KO) (Fig. 2). Compared to the response of wild-type mice, the antinociceptive activity was significantly decreased (factor: treatment; $F_{(4, 86)} = 16.7$, $p < 0.0001$; Two-way ANOVA) in the MOR KO animals ($p < 0.0001$, Tukey's test) and to a lesser extent KOR KO mice ($p = 0.006$, Tukey's test), but remained unaffected in DOR KO mice ($p = 0.15$, Tukey's test). Antinociception of LKT was abolished in MOR KO mice pretreated with the KOR-selective antagonist, nor-BNI (Fig. 2, rightmost bar), with a response significantly different from that of the WT mice ($p < 0.0001$, Tukey's test), but not from the baseline (untreated) response (1.29 ± 0.04 s vs 1.45 ± 0.07 s; $p > 0.99$; Tukey's test). Together, these

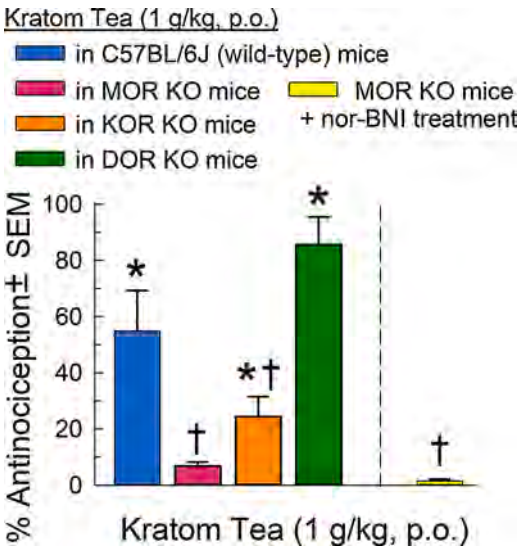


Fig. 2. Opioid receptor selectivity of Lyophilized Kratom Tea (LKT) antinociception. LKT was administered orally (1 mg/kg, p.o.) to wild-type or individual opioid receptor knock out (KO) mice, or MOR KO mice pretreated 24 h with nor-BNI (10 mg/kg, i.p.). Antinociception was evaluated using the 55 °C warm-water tail-withdrawal latency 30 min post administration of LKT. Each bar represents the mean ± SEM of n = 8 mice, with n = 16 KOR KO mice. *$p < 0.05$ versus the group's baseline tail withdrawal latency; † $p < 0.05$ versus antinociceptive response of the wild-type group, Two-Way ANOVA with Tukey's multiple comparisons post-hoc test.

results indicate that this dose of LKT-induced antinociception in mice occurs primarily through activation of the mu-opioid receptor, but with additional kappa-opioid receptor agonism as well.

3.2. Evaluation of potential liabilities of Lyophilized Kratom Tea

The effects of LKT on spontaneous locomotor activity and respiration rate were assessed in C57BL/6J mice following administration of LKT (1 g/kg, p.o.) using the Comprehensive Laboratory Animal Monitoring System (CLAMS; Fig. 3). Morphine (30 mg/kg, p.o.) or vehicle (saline, p.o.) were tested as positive and negative comparison controls, respectively. Morphine produced significant time-dependent increases in ambulation (factor: time x treatment, $F_{(16, 248)} = 9.26$, $p < 0.0001$, Two-way RM ANOVA; Fig. 3A) from 20-160 min ($p < 0.05$, Tukey's post-hoc test) and decreases in respiration rate (factor: time x treatment, $F_{(16, 248)} = 7.10$, $p < 0.0001$, Two-way RM ANOVA; Fig. 3B) up to 80 min ($p \leq 0.007$, Tukey post-hoc test). In contrast, LKT significantly increased ambulation from 60-160 min ($p = 0.002$, Tukey's test), but suppressed respiration only for the first 20 min ($p \leq 0.03$, Tukey's test). Both behavioral effects of LKT were significantly less than those of morphine at matching time points ($p \leq 0.03$, Tukey's test). Assessing opioid contributions, LKT (1 g/kg, p.o.) was further examined in MOR KO mice alone (green triangles, Fig. 3) or MOR KO mice pretreated 24 h with the KOR antagonist nor-BNI (10 mg/kg, i.p.; purple squares, Fig. 3). Compared to wild-type mice, LKT produced significant global reductions in ambulation (factor: time x treatment, $F_{(16, 248)} = 6.81$, $p < 0.0001$, Two-way RM ANOVA; Fig. 3A), suggesting opioid mediation of the limited LKT locomotor effects. Likewise, significant global differences were observed in respiration among these three groups (factor: time x treatment, $F_{(16, 248)} = 3.07$, $p < 0.0001$, Two-way RM ANOVA; Fig. 3B). Post-hoc analysis demonstrated no significant difference across time in respiration rate between LKT-treated wild-type and MOR KO mice ($p \geq 0.22$, Tukey's test), although MOR KO mice pretreated with nor-BNI displayed decreased respiration from wild-type at some intervals (†≤0.03; Tukey's test, Fig. 3B). However, the respiration rate of nor-BNI pretreated MOR KO mice administered LKT did not significantly differ

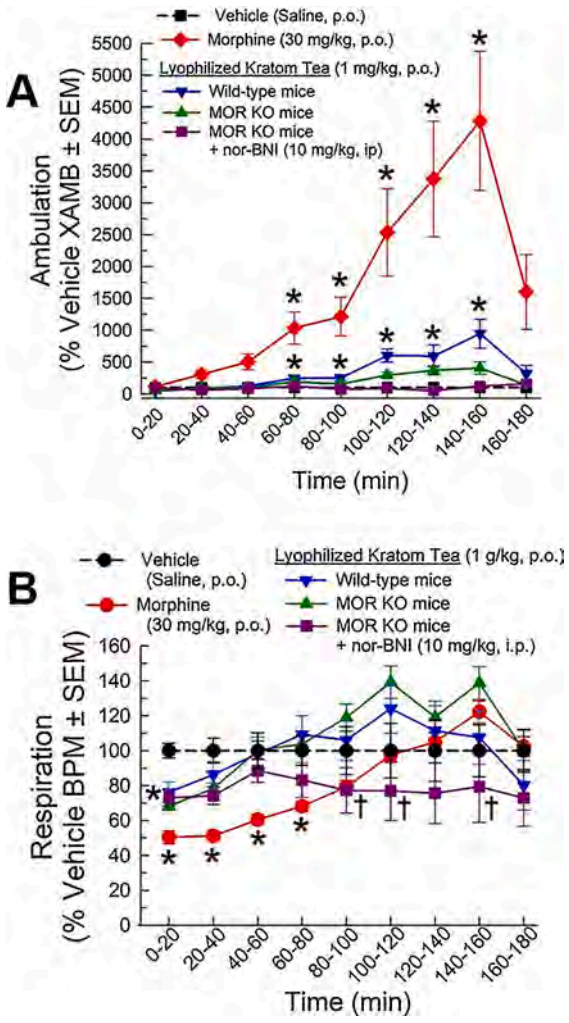


Fig. 3. Time-dependent effects of oral Lyophilized Kratom (LKT, 1 mg/kg) on **(A)** spontaneous locomotion (as ambulations) and **(B)** respiration rate were assessed in the Comprehensive Laboratory Animal Monitoring System (CLAMS) with wild type C57BL/6J mice and MOR KO mice. Morphine (30 mg/kg, p.o.) and saline (p.o.) are included as controls. * $p < 0.05$ versus saline control; † $p < 0.05$ versus the LKT wild-type group, Two-Way RM ANOVA with Tukey's multiple comparisons post-hoc test). n = 12-16/group.

from that of saline-treated control mice at any time point (factor: time x treatment, $F_{(8, 176)} = 0.20$, $p = 0.99$, Two-way RM ANOVA).

The effect of LKT on evoked locomotor activity was further examined in the mouse rotarod assay. The KOR agonist U50,488 (10 mg/kg, i.p.) was used as a positive control, producing a significant decrease in latency to fall (factor: treatment, $F_{(4,37)} = 4.01$, $p = 0.009$ and factor: time, $F_{(4.84,179)} = 11.8$, $p < 0.0001$; each Two-way RM ANOVA w/Tukey's test; Fig. 4). Morphine (10 mg/kg, i.p.) produced a trend towards increased latency to fall, although this did not significantly differ from the response of vehicle-treated control mice at any time point. Likewise, LKT (45 mg/kg or 1 g/kg, p.o.) did not significantly alter locomotor responses compared to saline controls ($p = 0.63$ and $p = 0.35$, respectively).

Morphine (10 mg/kg, i.p.) produced significant conditioned place preference (CPP) ($F_{(1,126)} = 7.73$, $p = 0.006$; Two-way ANOVA w/ Tukey's post-hoc test; Fig. 5). In contrast, LKT (0.1 or 1 g/kg, p.o.) demonstrated no significant difference from pre-conditioning responses after place conditioning ($p = 0.60$ and 0.73, respectively; Tukey's test; Fig. 5). Collectively, these results indicate that while LKT possesses MOR agonist activity, it lacks some liabilities associated with clinically-used MOR agonists such as morphine.

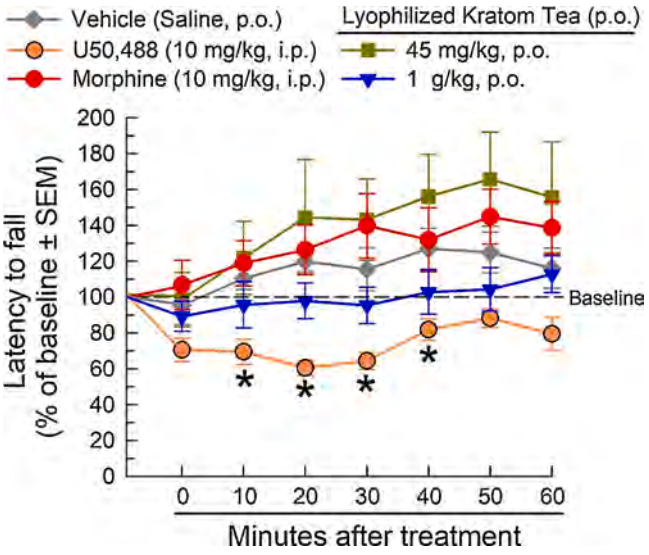


Fig. 4. Time- and dose-dependent effects of Lyophilized Kratom Tea (LKT) after a 45 mg/kg or 1 g/kg, p.o. administration in the mouse rotorod assay. Vehicle (saline, p.o.), morphine (10 mg/kg, i.p.) and U50,488 (10 mg/kg, i.p.) were tested as controls. * $p < 0.05$ versus vehicle control, Two-Way RM ANOVA with Tukey's multiple comparisons post-hoc test. n = 8-10 mice/treatment.

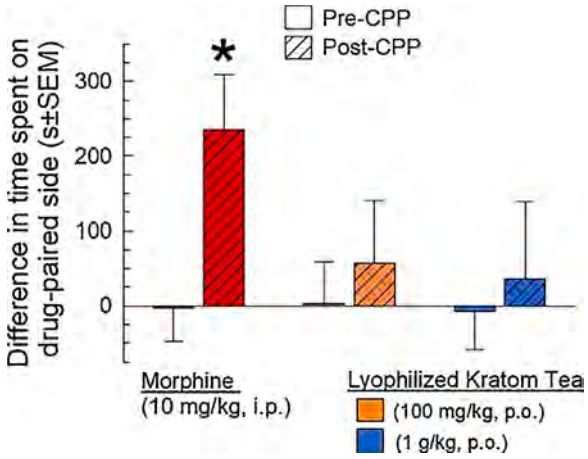


Fig. 5. Characterization of oral Lyophilized Kratom Tea (0.1 and 1 g/kg, p.o.) in the conditioned place preference assay. LKT did not display place preference or aversion following place conditioning (Post-CPP), whereas morphine place conditioning resulted in significant place preference as compared to initial (Pre-CPP) baseline responses. Each bar represents the mean ± SEM. * $p < 0.05$ versus Pre-CPP response; Two-Way RM ANOVA with Tukey's multiple comparisons post-hoc test. n = 17 (morphine) or 21 mice (LKT testing).

3.3. Evaluation of LKT physical dependence and amelioration of opioid withdrawal

Repeated treatment with escalating doses of morphine induced physical dependence, demonstrated by administration of naloxone (Table 3). Morphine produced significant increases in the frequency of jumping ($F_{(5,62)} = 20.2$, $p < 0.0001$; Fig. 6A) and teeth chattering ($F_{(5,62)} = 9.48$, $p < 0.0001$; both One-way ANOVA w/Tukey's test; Fig. 6B) compared to the saline control group. A significant reduction in rearing and forepaw licking frequency ($F_{(5,62)} = 9.53$, $p < 0.0001$ and $F_{(5,62)} = 6.18$, $p < 0.0001$, respectively) was demonstrated, confirming that this morphine treatment produced physical dependence and naloxone-precipitated withdrawal symptoms. In contrast, daily escalating dosing of LKT (30-125 mg/kg, po) followed by naloxone produced few

Table 3
Behavioral endpoints of naloxone-precipitated withdrawal in morphine-dependent mice following administration of either escalating or tapering doses of LKT over four to seven days.

			Treatment				
Withdrawal Behavior	Saline	Morphine	Escalating Doses LKT (30-125 mg/kg)	7 d Morphine + LKT-Acute	4d Morphine + LKT-high (100 mg/kg)	4d Morphine + LKT-Taper (100-40 mg/kg)	Outcome (1-Way ANOVA)
Forepaw Tremor	22.6 ± 6.45	24.9 ± 10.6	12.3 ± 3.67	30.4 ± 6.05	35.1 ± 11.05	19.3 ± 7.74	$F_{(5,62)} = 0.78$, $p = 0.57$
Wet Dog Shakes	0.867 ± 0.39	2.9 ± 1.71	0.4 ± 0.27	2.4 ± 1.06	1.3 ± 0.41	1.3 ± 0.41	$F_{(5,62)} = 0.90$, $p = 0.487$
Body Straightening	5.7 ± 2.33	3.7 ± 1.22	3.2 ± 0.81	4.3 ± 1.37	1.5 ± 0.63	4.6 ± 1.43	$F_{(5,62)} = 1.85$, $p = 0.116$
Presence of Diarrhea	1.1 ± 0.41	3.8 ± 1.02	0.7 ± 0.47	4.3 ± 0.84*	3.6 ± 0.76	3.2 ± 0.81	$F_{(5,62)} = 3.95$, $p = 0.0036$
Jumping Frequency	0 ± 0	89 ± 13.27*	2.9 ± 1.63	15.6 ± 5.46†	0.6 ± 0.47†	0 ± 0	$F_{(5,62)} = 20.24$, $p < 0.0001$
Rearing Frequency	41.6 ± 6.85	7 ± 1.94*	14.7 ± 3.41*	9.3 ± 2.48*	40.7 ± 7.28†	28.5 ± 6.59†	$F_{(5,62)} = 9.53$, $p < 0.0001$
Forepaw Licking Frequency	20.1 ± 4.26	1.4 ± 0.90*	7.2 ± 2.17	5.8 ± 1.88	9.3 ± 3.46	7.1 ± 1.53	$F_{(5,62)} = 6.18$, $p = 0.0001$
Teeth Chattering Frequency	0.8 ± 0.61	90.7 ± 50.5*	1.3 ± 0.80	61.6 ± 17.4*	15 ± 7.24†	9.6 ± 2.93†	$F_{(5,62)} = 9.48$, $p < 0.0001$

Average and Standard Error of the Mean for 5-8-day treatment with saline, morphine, or Lyophilized Kratom Tea (LKT). *$p < 0.05$ versus Saline control, †$p < 0.05$ versus Morphine control (Tukey's post-hoc test) n = 8-10/group.

significant withdrawal signs (reduced rearing behavior ($p = 0.005$)), confirming reduced LKT physical dependence.

The ability of LKT to attenuate naloxone-precipitated withdrawal in subjects physically-dependent on morphine was evaluated over three LKT treatment paradigms (as detailed in Table 2). While a single acute dose of LKT (40 mg/kg, po) significantly reduced jumping frequency ($p < 0.0001$; Table 3), acute dosing was unable to attenuate increased diarrhea ($F_{(5,62)} = 3.95$, $p = 0.011$), teeth chattering ($p = 0.015$), and decreased rearing ($p = 0.0004$) compared to the saline control group. Prolonged treatment over 4 days with LKT (100 mg/kg, p.o., twice daily) significantly ameliorated all subsequent symptoms of naloxone-precipitated opioid withdrawal (jumping frequency ($p < 0.0001$; Fig. 6A); teeth chattering ($p = 0.002$; Fig. 6B); rearing frequency ($p = 0.0003$); Table 3). Finally, tapering the doses of LKT given over 4 days (from 100 to 40 mg/kg, p.o., twice daily) still significantly reduced naloxone-precipitated measures of opioid withdrawal, just as effectively as the repeated high doses (jumping frequency ($p < 0.0001$; Fig. 6A) and teeth chattering ($p = 0.0006$; Fig. 6B; Table 3). Notably, higher doses of LKT and methadone were evaluated for innate physical dependence and efficacy against morphine dependent withdrawal symptoms with comparable effects (see supplemental data).

4. Discussion

Mitragyna speciosa (Korth.) Havil., called kratom, is anecdotally consumed both to treat pain and prevent opioid withdrawal (Hassan et al., 2020; Saref et al., 2019). Indications of rapidly increasing use prompted a warning from the U.S. FDA about the absence of scientific evidence supporting the application of kratom, and the potential for abuse liabilities (Anwar et al., 2016; O'Malley, 2018). While the upsurge of reports of kratom use has increased interest in the plant's active ingredients, there are few preclinical studies that evaluate the effects of consumption of whole, characterized plant material on pain and opioid withdrawal symptoms in a controlled manner.

The present study demonstrates characterized LKT (whole plant material) produced dose-dependent antinociception with reduced liabilities while ameliorating opioid withdrawal in physically-dependent subjects. Although clinical trials examining the potentially analgesic properties of kratom in a cold pressor task (Clinical Trials.gov, NCT03414099, 2018) and the pharmacokinetics of a well-characterized kratom product on opioid-metabolizing CYP2D6 and CYP3A4 activity (Clinical Trials.gov, NCT04392011, 2020) are underway, results are not yet available, and there exists a knowledge gap for controlled human studies with kratom. However, the current findings are generally consistent with a number of case studies and surveys of self-reported uses for kratom. For example, these results are consistent with Boyer et al. (2008), a published case study of individuals self-treating opioid addiction and withdrawal with tea brewed from the leaves of kratom. That uncontrolled study revealed that individuals self-medicating with kratom tea consumed approximately 1-4 grams per day. Doses of kratom tea studied presently were guided by the findings of Boyer et al. (2008) and reported pharmacokinetic studies (Avery et al., 2018). Consistent with present content (Sharma et al., 2019), kratom is reported to represent a botanical mixture of at least 40 alkaloids (Adkins et al., 2011). Mitragynine and 7-hydroxymitragynine are reported to represent approximately 60% and 2% of the alkaloids extracted from kratom (Warner et al., 2016).

Consistent with another user survey, LKT produced antinociception with fewer liabilities than morphine (Garcia-Romeu et al., 2020). Existing literature reports attribute most effects of kratom tea and its main alkaloids to the activation of the mu-opioid receptor (Takayama et al., 2002; Hassan et al., 2013). Presently, LKT demonstrated dose- and time-dependent antinociception characteristic of partial agonism, but the reduction of LKT antinociception in KOR KO mice and abolition of antinociception in MOR KO mice treated with the KOR antagonist nor-BNI further suggest a modest KOR agonism. This is perhaps not surprising, given reports that kratom alkaloids display affinity for the kappa opioid receptor (Obeng et al., 2020). Notably, these results contrast with findings indicating that kratom's main alkaloid, mitragynine, displayed DOR-mediated antinociception (Prozialeck et al., 2012). Recent mitragynine-mediated thermal antinociception in rats was not blocked by naltrexone, and only occurred at higher doses that disrupted

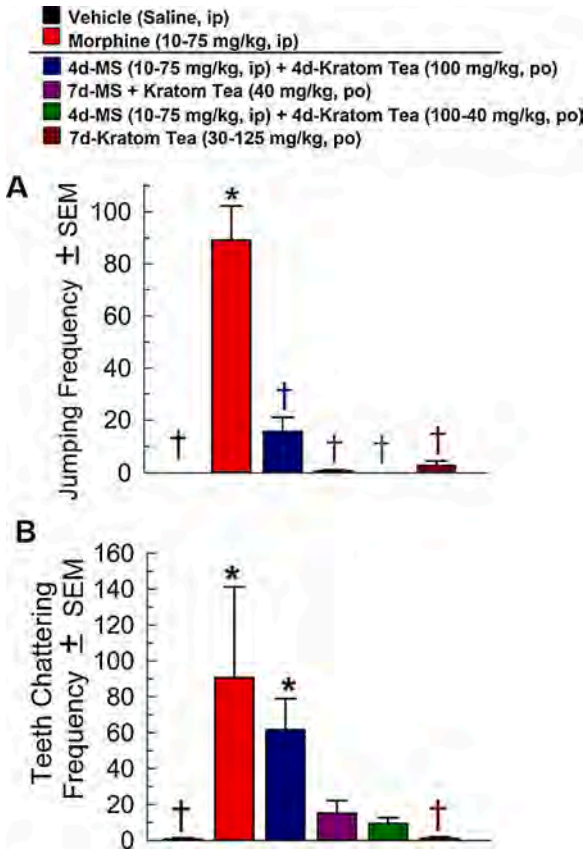


Fig. 6. Assessment of LKT's ability to produce direct treatment-induced physical dependence and reduce naloxone precipitated opioid withdrawal symptoms (i.e. jumping (A) and teeth chattering (B)) in morphine dependent mice. Vehicle (saline, i.p.), morphine (10-75 mg/kg, i.p.), MS (10-75 mg/kg, ip) + LKT (100 mg/kg, p.o.), morphine (10-80 mg/kg, i.p.) + an acute dose of LKT (40 mg/kg, p.o.), morphine (10-75 mg/kg, i.p.) + tapering doses of LKT (100-40 mg/kg, p.o.), and LKT (30-125 mg/kg, p.o.) were evaluated for opioid withdrawal symptoms after administration of naloxone (10 mg/kg, s.c.). * $p < 0.05$ versus vehicle control, One-way ANOVA with Tukey's multiple comparisons post-hoc test. n = 9-10 mice/treatment. †Mean and SEM lower than 1.

learned behavior, suggesting non-opioid mediation (Hiranita et al., 2019). The reduction of LKT-mediated antinociception by MOR KO mice confirms MOR mediation consistent with earlier reports with rodents finding mitragynine-induced antinociception to be antagonized by the opioid receptor antagonists naloxone or naltrindole (Shamima et al., 2012). Admittedly, doses that are considered low (1-5 g) in human consumption studies (Grewal et al., 1932) are also reported to interact with alpha-adrenergic and serotonin receptors that mediate analgesia (Matsumoto et al., 1996). Regardless, this study confirms that even low to medium doses of kratom tea possess analgesic effects. It should be noted that some of the antinociceptive effects of kratom may be attributed to mitragynine's metabolism to 7-hydroxymitragynine by CYP3A4 in the intestine and the liver (Kamble et al., 2019; Kruguel et al., 2019). Studies have indicated that analgesic effects of 7-hydroxymitragynine are 10-fold more potent than those of morphine (Hemby et al., 2018). While beyond the scope of the current study, future studies of the antinociceptive effects of the other individual constitutive components of kratom would be of mechanistic value.

LKT (1 g/kg, p.o.) produced less hyperlocomotion and respiratory depression than might be expected of a MOR agonist such as morphine. The cause for this difference is not clear. Historically, case studies with kratom tea users report that low doses of the tea produced stimulant-like effects (Grewal, 1932), whereas doses above 5 grams of dried leaves reportedly produced effects similar to opioids (Prozialeck et al., 2012) and sedation (Boyer et al., 2008; Grewal, 1932). Increased locomotion is a characteristic sign of MOR activation in rodents (Zhang and Kong, 2017), as is respiratory depression mediated by activation of MOR on respiratory centers in the medulla (Martin, 1983). Of interest, LKT showed increased respiration in MOR KO mice. The nor-BNI data in this assay implicates KOR mediation of the increased respiration, as suggested by earlier reports (Dosaka-Akita et al., 1993). Even modest KOR agonist activity has been shown to offset the respiratory depression induced by MOR agonism in multifunctional opioid agonists (Brice-Tutt et al., 2020). Alternatively, the changes in respiration may be due to physical inactivity or non-opioid activity. Mice treated with LKT show no significant signs of inactivity in CLAMS-measured ambulations or in the rotarod assays, potentially discounting the involvement of physical inactivity. However, the individual alkaloid mitragynine has been reported to possess relevant non-opioid activity, activating dopamine-2 (D2) and serotonin receptors (Lydecker et al., 2016), both of which modulate respiration and which warrant future examination.

Previous studies established that MOR agonists such as morphine are rewarding (Ballantyne and LaForge, 2007; Kreek and Koob, 1998). Rewarding effects are attributed to the agonist-induced suppression of inhibitory interneurons, thereby indirectly increasing the activity of dopaminergic A10 neurons in the brain reward pathway (Matthes et al., 1996). With MOR-mediated antinociception, it might be expected that LKT would be rewarding. Instead, LKT produced no rewarding effects in a CPP assay. In previous studies, mitragynine itself was sufficient to decrease self-administration of MOR agonists (Hemby et al., 2018). The possibility of an underlying multifunctional interaction is further supported by report of mitragynine dose-dependent decreases in operant responding for food in rats that was not blocked by naltrexone, but was attributed to an interaction with alpha-2 adrenergic receptors (Hiranita et al., 2019). Supporting this, recent reports confirm kratom alkaloids possess micromolar affinity for the adrenergic receptors (Obeng et al., 2020).

Although clinical surveys suggest discontinuation of kratom by regular users may result in opioid withdrawal symptoms (Warner et al., 2016), repeated administration of LKT presently demonstrated less physical dependence than morphine. Compared to methadone, a significant reduction of withdrawal symptoms was observed with repeated oral dosing of LKT (1 g/kg, see supplemental data). LKT (2 g/kg, p.o.) showed increased withdrawal liability with a reduction of locomotor activity, increased wet dog shakes, and a reduced weight gain, but these were less than demonstrated with morphine-treated mice. Admittedly, studies of prolonged LKT exposure and at higher doses may demonstrate greater adverse effects (see supplement), but these results support the anecdotal claim that kratom produces less physical dependence than MOR agonists such as morphine.

Historically, treatments ameliorating opioid withdrawal syndrome reduce opioid cravings and withdrawal signs but suffer from limitations. Both methadone and buprenorphine possess partial mu agonism thought to prevent full agonist effects such as respiratory depression (McCambridge et al., 2007). However, treatment with buprenorphine is poorly tolerated by patients due to the precipitation of a withdrawal syndrome if used too soon after ingestion of opioid agonists (Hassan et al., 2020). Likewise, methadone treatment is sometimes not well tolerated and associated with increased physical dependence over time (Dart et al., 2005; Strang and Gossop, 1990). Alpha-2 adrenergic receptor agonists such as clonidine and lofexidine alleviate some autonomic symptoms of opioid withdrawal, attributed to the suppression of withdrawal-induced locus coeruleus hyperactivity (Gold et al., 1978; Hicks and Muvvala, 2018), However, these drugs are less effective in preventing some symptoms of opioid withdrawal, including insomnia, lethargy and muscle aches (Jasinski et al., 1985), are ineffective in minimizing opioid craving (Charney et al., 1986), and produce potentially dangerous anticholinergic effects such as hypotension (Jasinski et al., 1985). Given the drawbacks of current treatments, the need for alternative treatments persists.

A major finding of the current study was that orally administered LKT at doses up to 2 g/kg were able to significantly reduce naloxone-precipitated opioid withdrawal in morphine-dependent subjects. After repeated dosing with morphine, substitution with lower oral doses of LKT attenuated symptoms of physical naloxone-precipitated withdrawal, although in the higher doses there was a lack of rebounding in weight and increased tremors. This discrepancy could be due to the persistence of reduced appetite and increased tremor that were shown in the direct measure of physical dependence in subjects treated repeatedly with LKT, an effect also suggested in the literature (Singh et al., 2014). Acute dosing with LKT also significantly reduced some withdrawal symptoms, indicating that the acute use of low doses during the initial abstinence from chronic opioid abuse may have some therapeutic relevance. Janchawee et al. (2007) reported that oral doses (40 mg/kg) of kratom tea's main constituent, mitragynine, are quickly absorbed yet have a half-life of over 9 hours. If acting as a MOR agonist, it is possible the long half-life may simply provide prolonged competition from either antagonist-precipitated or spontaneous physical withdrawal. Alternatively, it is possible that kratom tea may be acting through non-opioid means such as alpha-2-adrenergic receptor activity to ameliorate opioid withdrawal. Supporting this, selected kratom alkaloids were recently reported to possess micromolar affinity for the adrenergic receptors (Obeng et al., 2020). The negative effects of alpha-2-adrenergic receptor agonists were not evaluated after LKT administration, although characteristic sedation was not observed. Overall, while more safety and mechanistic studies are needed, the present findings validate the clinical reports where consumption of kratom tea may offset opioid physical dependence.

4.1. Conclusion

Kratom tea induces antinociception predominately via mu opioid receptor agonism in mice. The optimal dose of kratom tea used in these studies did not induce respiratory depression or conditioned place preference. Moreover, acute doses of kratom tea as low as a single dose of 40 mg/kg (p.o.) effectively reduced withdrawal symptoms without sedation. While multifunctional pharmacological contributions of the individual major and minor components of *Mitragyna speciosa* (Korth.) Havil. to the overall effect of LKT remain to be investigated, this study suggests that kratom tea and/or the alkaloid components it contains could be prime candidates for the treatment of pain and opioid physical dependence.

Authorship Contributions

Participated in research design: Boyer, McCurdy, McLaughlin, Wilson.

Conducted experiments: Brice-Tutt, Cirino, Eans, Harris, Simons, Stacy, Wilson.

Contributed new reagents or analytic tools: Avery, León, Sharma

Performed data analysis: McLaughlin, Wilson

Wrote and contributed to the writing of manuscript: McCurdy, McLaughlin, Wilson.

All authors critically reviewed content and approved final version for publication.

Role of funding source

Nothing declared.

Data availability statement

All data herein is available upon request to the authors.

Declaration of Competing Interest

The authors declare no conflicts.

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Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.drugalcdep.2020.108310.

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Understanding Kratom Use: A Guide for Healthcare Providers

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Kratom (*Mitragyna speciosa* Korth., Rubiaceae) is a plant native to Southeast Asia, where it has been used for centuries as a mild stimulant and as medicine for various ailments. More recently, as kratom has gained popularity in the West, United States federal agencies have raised concerns over its safety leading to criminalization in some states and cities. Some of these safety concerns have echoed across media and broad-based health websites and, in the absence of clinical trials to test kratom's efficacy and safety, considerable confusion has arisen among healthcare providers. There is, however, a growing literature of peer-reviewed science that can inform healthcare providers so that they are better equipped to discuss kratom use with consumers and people considering kratom use within the context of their overall health and safety, while recognizing that neither kratom nor any of its constituent substances or metabolites have been approved as safe and effective for any disease. An especially important gap in safety-related science is the use of kratom in combination with physiologically active substances and medicines. With these caveats in mind we provide a comprehensive overview of the available science on kratom that has the potential to i clarity for healthcare providers and patients. We conclude by making recommendations for best practices in working with people who use kratom.

Keywords: kratom (*Mitragyna speciosa* Korth), emerging therapeutic agents, pain, mood and anxiety, substance use and misuse

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INTRODUCTION

Kratom (*Mitragyna speciosa* Korth., Rubiaceae; also known as ketum) is made from the leaves of a tropical tree in the coffee family indigenous to Southeast (SE) Asia, where it has been used for centuries as medicine for various ailments, including hypertension, diarrhea, cough, and fever (Tanguay, 2011; Cinosi et al., 2015; Singh et al., 2016). Despite such traditional medicinal use, it is important to recognize that neither kratom, nor its constituents (e.g., "alkaloids"), nor metabolites have been approved as safe and effective medicines for any therapeutic use. Nonetheless, widespread use for health and well-being include diverse uses reported by consumers as reasons for their use. For example, at low doses, kratom has long been consumed orally as a stimulant to enhance stamina and productivity, making it particularly popular among field laborers working long days in arduous conditions (Tanguay, 2011; Prozialeck et al., 2012; Hassan et al., 2013; Warner et al., 2016). Consumption remains widespread in kratom's native lands, where people commonly chew raw

kratom leaves or boil leaves to make tea (Swogger and Walsh, 2018). Kratom can also be smoked, vaporized, or consumed as a powder. Because of its purported analgesic properties, kratom is used to treat pain and, notably, as a means to alleviate opioid withdrawal or as an opioid replacement among people with opioid use disorder (OUD) (Smith and Lawson, 2017; Henningfield et al., 2018; Bath et al., 2020). In addition to analgesia produced at higher doses, kratom is reported to have relaxing, anxiolytic effects. Over the past 2 decades, kratom has gained popularity beyond Asian borders, particularly in North America and Europe (Boyer et al., 2007; Grundmann, 2017).

An estimated 10–16 million people in the United States take kratom, though current prevalence ranges of 1.3%–6.1% from national representative surveys may underestimate regular kratom users (Henningfield et al., 2019; Covvey et al., 2020). Whereas in Southeast Asia users typically buy kratom leaves directly from a grower, Westerners often purchase capsules, powders, or extracts via the internet, specialty smoke shops, and gas stations (Prozialeck et al., 2012; Singh et al., 2016). Kratom is currently not recognized as a dietary supplement in the United States, and the Food and Drug Administration (FDA) has not issued guidance or regulatory standards on kratom regarding allowable product contents, alkaloid concentrations, packaging, labeling, or marketing of kratom products that is usually provided for dietary ingredients (Coe et al., 2019). This gap in regulatory policy prompted the American Kratom Association (AKA) to develop voluntary industry guidelines through a Good Manufacturing Practice (GMP) Standards Program that tests for purity and contaminants (American Kratom Association, 2019). Due to the potential for adulteration of kratom products the unregulated status of kratom in most United States remains a concern.

Although the rise of kratom use in the West has been an opportunity for increased scientific study, the resultant publication of a great deal of research of limited rigor has created confusion for health practitioners attempting to understand the benefits and risks of the plant and the heterogeneity of kratom products. Case studies, poison control center briefings, and tallied coroner and medical examiners' reports have disproportionately emphasized, as these forms of inquiry often do, extreme and rare events, including seizure, liver damage, and death (e.g., Nelsen et al., 2010; Sheleg and Collins, 2011; Kapp et al., 2011; Neerman et al., 2013; Anwar et al., 2016; Wang and Walker, 2018; Post et al., 2019; Afzal et al., 2020), even as some have elucidated that adverse health outcomes from kratom exposure have been mild to moderate and resolved quickly (Anwar et al., 2016). Still, there remains considerable ambiguity on the potential harms from kratom use. In February 2018, the FDA cited 44 cases of kratom-associated deaths based upon coroner or forensic toxicologist reports. However, at the current level of scientific knowledge, several factors make it *impossible* to determine whether kratom contributed to lethal outcomes. Almost all of the cases cited involved adulterated kratom products and/or the co-ingestion of substances with fatal overdose potential, including heroin and synthetic opioids (Babin, 2018). For instance, nine deaths were from an herbal mix, Krypton, containing a metabolite of the opioid tramadol (Bäckstrom et al., 2010). Additionally, the mere presence of mitragynine (one of kratom's primary alkaloids believed to be responsible for analgesia) in decedents' plasma or evidence of presumed kratom consumption (e.g., kratom product packages) does not implicate the plant's role in toxicity, especially given the large variability of mitragynine serum levels of decedents, ranging from 5.6 to 29,000 ng/ml (Papsun et al., 2019). Finally, there is no clear mechanism by which kratom alone and taken even at high doses would directly cause death. Unlike classical opioids, which act as full agonists at mu opioid receptors, kratom's two primary and best understood bioactive alkaloids, mitragynine and 7-hydroxymitragynine, act at mu opioid receptors as partial putatively "biased" agonists, meaning that they do not contribute to significant respiratory depression in pre-clinical animal studies (as discussed more below), making "poisoning", when kratom alone is used, a highly questionable cause of death. Importantly, there are no reports of deaths due to kratom use in SE Asia for over a century (Veltri and Grundmann, 2019). Despite insufficient evidence for kratom's role in harm, media headlines misleadingly insinuate that kratom has been established as a cause of death (e.g., "kratom deaths" and "kratom overdose deaths; " Galvin, 2019; Kaur, 2019; Miller, 2019).

Conclusions by many negative, sensationalized, or otherwise decontextualized media reports on kratom have been questionably drawn from case studies and toxicology reports which, at best, provide low levels of evidence due to unknown internal validity and generalizability and over-representation of extreme events (Merriam, 2009). Unfortunately, warnings regarding kratom exhibit features of *drug hysteria* (Hart, 2013), which involves the promulgation of sensational and biased information and the pursuit of legislative approaches that are disproportionate to apparent public health risks. At the public health level, drug hysteria is not only scientifically unfounded, but dangerous. In the case of kratom, misinformation can lead to dehumanization of kratom users, disinclination for people with OUD to try kratom as a substitute for opioids that are causing them harm, and the continued promotion of ineffective, draconian, and punitive policies with the potential to contribute to mass incarceration, a serious public health threat in its own right. Simultaneously, drug hysteria can contribute to the inhibition of rigorous scientific study and thereby deprive the public of scientifically-informed pharmacotherapeutic interventions (PR Newswire, 2016). Banning or criminalizing kratom, as six United States have done at the time of this writing, has the potential to create a new illicit market for kratom products, increasing the likelihood of adulteration and the use of dangerous substances as kratom substitutes. All of this results in harm to people who regularly use kratom to address pain, psychiatric problems, and SUD symptoms (Grundmann, 2017; Swogger and Walsh, 2018; Coe et al., 2019; Smith et al., 2021a; Smith et al., 2021b). Moreover, sensationalized and negative reports lead some patients to fear revealing kratom use to their healthcare providers (Smith et al., 2021b) and misinform those providers about the risks of kratom use.

Subsequent to increased kratom use in the United States, an eight-factor analysis (8 FA) normally required prior to scheduling decisions was performed by the FDA, and another by an

independent agency (Pinney Associates). The former has been criticized by kratom researchers for omission of important scientific studies and pertinent data, as well as inappropriate use of a computer simulation model (PHASE) that provided data that the FDA used to deem kratom an "opioid" (Grundmann et al., 2018), linking it to more dangerous classical opioids without providing information on differences between kratom and these drugs. Meanwhile, Pinney Associates concluded that kratom is distinct from classical opioids and poses no more of a public health risk than many commonly-used substances, thereby warranting product oversight rather than a ban. Nonetheless, recent publications in medical journals espouse kratom use as "highly problematic" and its effects "contributors to the growing opioid crisis" (e.g., Goldin et al., 2019), without adequate supporting data. This rhetoric can stigmatize users and mislead well-intentioned healthcare professionals into an anti-kratom stance that could negatively impact their patients and the patient-provider relationship.

A balanced examination of what can be drawn from the existing literature directed to healthcare providers and clinicians is warranted. This is particularly true given that the study of kratom is in its infancy: there is only one published clinical trial of kratom's effects in humans. There is, however, a growing body of observational literature that represents a higher level of evidence than case reports or forensic toxicologists' and medical examiners' reports. Here, we first review research on the pharmacology of kratom and then summarize the available observational science on human kratom use in order to provide the most nuanced, accurate, and comprehensive review of kratom's potential benefits and risks possible at this early stage of kratom research. We acknowledge that information provided here will inevitably change as more data are collected on kratom and kratom use. Like all things in science, our understanding of this plant and its use is provisional. Here we provide the most up-to-date information in an accessible manner. Based on the review, we conclude with recommendations to health practitioners for conceptualizing kratom use and working with patients who use kratom.

PHARMACOLOGY AND ANIMAL STUDIES

Of the dozens of alkaloids identified in kratom, mitragynine is the most prominent (comprising approximately 60 percent; Hassan et al., 2013) and appears, along with 7-hydroxymitragynine, to be primarily responsible for the plant's unique psychoactive properties, which include opioid and non-opioid activities (Adkins et al., 2011; Kruegel and Grundmann, 2018; Raffa et al., 2018) that are dose dependent. In relatively low doses (<5 g), kratom has stimulant properties similar to its coffee relative, while larger quantities may produce sedating and analgesic effects (Kruegel and Grundmann, 2018; Coe et al., 2019; Kruegel et al., 2019; Todd et al., 2020). 7-hydroxymitragynine, while more potent than mitragynine, is unlikely to contribute to pharmacological effects due to its low natural presence in kratom leaves (Kruegel and Grundmann, 2018; Todd, et al., 2020; Obeng et al., 2021). Mitragynine is metabolized by humans via CYP enzymes into 7-hydroxymitragynine but the amount generated via metabolism is not sufficient to explain the analgesic effects of kratom products as a whole (Kamble et al., 2019; Maxwell et al., 2021).

In vitro studies reveal that biochemical pathways responsible for the analgesic and sedating effects of kratom do not carry risk of overdose comparable to classical opioids. Specifically, mitragynine and 7-hydroxymitragynine have partial affinity for the *mu* opioid receptor (Kapp et al., 2011; Prozialeck et al., 2012), whereas morphine is a full agonist. Binding of kratom alkaloids to this receptor largely activate G-protein coupled pathways, as opposed to the beta-arrestin pathway responsible for classical opioids' common deadly side effect of respiratory depression (Kruegel et al., 2016; Váradi et al., 2016; White, 2018; Kruegel et al., 2019; Basiliere and Kerrigan, 2020; Behnood-Rod et al., 2020). Mitragynine also exerts non-opioid receptor pain-relieving effects by stimulating alpha-2 adrenoceptors and inhibiting cyclooxygenase-2 messenger RNA (mRNA) and protein expression (Matsumoto et al., 1996).

The distinct affinity for and activation of opioid receptors, as well as non-opioid analgesic effects that clearly distinguish kratom from classical opioids (Raffa et al., 2018), may explain why there are relatively few kratom-related safety issues given its widespread use. It is likewise important to keep in mind that while many effects of kratom are mediated by opioid receptors, kratom's pharmacology indicates additional non-opioid mechanisms of action, including for mitragynine, again underscoring the complexity of the plant and our limited knowledge of its pharmacology (Hiranita et al., 2019). In addition to limitations in understanding the mechanisms of action and toxicity of kratom, is the limitation in data addressing use of kratom in combination with approved medicines, illicit drugs, and other herbal products. By way of example, the partial opioid agonist buprenorphine, which is approved by many regulatory agencies globally for the treatment of opioid withdrawal and use disorder, as well as pain, carries a far lower risk of lethal respiratory depression when used alone, but has been identified as contributing to overdose deaths when used in combination with benzodiazepines and other sedatives (Kumar et al., 2021). There has not been sufficient study to determine if kratom in combination with benzodiazepines and other sedatives, carries similar, greater, or lessor risks as compared to buprenorphine, so it would seem prudent for health care providers and kratom consumers to be aware of such limitations in the evidence and avoid such combinations and to minimize intake levels when combination consumption occurs because risks with most substances tend to be dose-related. The same cautions apply to use in combination with other substances.

The pharmacokinetics of mitragynine have been established in rodents, primarily rats, following oral administration (Ramachandram et al., 2019). Depending on the vehicle preparation, maximum plasma concentration, c_{max} (0.42–0.70 μg/ml), time to reach c_{max}, t_{max} (1.26–4.50 h), and elimination half-life, $t_{1/2}$, (3.85–9.43 h) indicated that mitragynine was highly variable in its absorption and/or metabolism. A study using traditionally prepared kratom tea

and a hydroalcoholic kratom extract given orally to rats resulted in a c_{max} of 63.8 and 111.9 ng/ml and t_{max} of 1.3 and 3.1 h, respectively, while the $t_{1/2}$ was not determined (Kamble et al., 2021). This supports the conclusion that the absorption of mitragynine is influenced by the presence of other kratom leaf compounds. Only one human study to date evaluated the pharmacokinetics of mitragynine following oral administration of a traditionally prepared kratom tea in 10 male volunteers (Trakulsrichai et al., 2015). The pharmacokinetic parameters for mitragynine were an average t_{max} of 0.83 h, c_{max} ranging from 0.0185 to 0.105 μg/ml, and an average terminal $t_{1/2}$ of 23.2 h. The maximum plasma concentration depends largely on the dose administered and thus needs to be interpreted within that context. However, both the time to reach maximum plasma concentration and half-life are usually comparable, at least within the same species. Because there is only one human study reporting mitragynine pharmacokinetics and substantial variability was found in rat studies, it is too early to conclude how well animal data can predict mitragynine pharmacokinetics in humans. Furthermore, the kratom preparation may impact the absorption and pre-systemic metabolism of mitragynine and other active principles.

Animal research provides further evidence of kratom's relative safety compared to classical opioids. Studies aimed to establish lethal kratom doses have not induced any acute deaths with symptoms similar to morphine. Instead, at doses of mitragynine equivalent to hundreds or more times the typical human dose range, some animals died within days or weeks from a variety of causes unrelated to respiratory depression (Henningfield et al., 2018; Prozialeck et al., 2019; Henningfield et al., 2022). Kratom doses of up to 807 mg/kg in rats or 920 mg/kg in dogs did not indicate signs of toxicity (Macko et al., 1972). Animal studies evaluating reinforcing effects through intravenous self-administration reveal that, unlike morphine, mitragynine does not serve as a reinforcer in rats (Hemby et al., 2018; Yue et al., 2018) and therefore has lower abuse potential. Mitragynine was also found to reduce rodent morphine (Hemby et al., 2018) and heroin self-administration (Yue et al., 2018). See Henningfield et al. (2022) in this special issue for an update of many more studies related to the abuse potential of kratom. Furthermore, administration of 7-hydroxymitragynine takes the equivalent of 100 times more than what humans consume to display reinforcing effects (Hemby et al., 2018). Rodent studies also demonstrate that prodigious amounts of mitragynine (not ingestible at a human equivalent) may be needed to produce severe and sustained withdrawal effects that rival those produced by classical opioids (Harun et al., 2015; Henningfield et al., 2018). Rather, kratom has been found to attenuate opioid withdrawal symptoms in animals, albeit with its own milder withdrawal effects after cessation of long-term use (Hassan et al., 2013; Sabetghadam et al., 2013; Yusoff et al., 2016). Rodent studies confirm physical withdrawal from kratom that occurs after injection with the opioid inhibitor naloxone (e.g., Matsumoto et al., 2005), as well as with cessation of repeated mitragynine administration (Yusoff et al., 2016). Symptoms include somatic withdrawal within 12 h and increased anxiety, evident after 24 h. Across studies, dose-dependent indicators of both toxicity and withdrawal related to isolated kratom alkaloids have been found to resolve after discontinuation or a short duration of time has passed, respectively.

OBSERVATIONAL RESEARCH

Our current understanding of kratom's effects in humans are based primarily on observational studies, including those using surveys, online experience reports, and/or validated self-report measures. With the increasing popularity of kratom in the West, online surveys (assessing tens of thousands of kratom consumers) have been conducted by United States researchers revealing that unlike SE Asia, where kratom appears to be predominantly consumed by males, almost half of United States consumers are female. Also, a majority of Western consumers are middle-aged, middle-income, Caucasian, and college-educated with private insurance. Most discovered kratom through the Internet or social media, about 25% from an acquaintance/friend, and a mere 3% from a healthcare provider. Only approximately 40% informed their healthcare providers about their use (Grundmann, 2017). Generally, motives for use in the West mirror those in SE Asia and include improvements in health, well-being, and productivity. Survey respondents overwhelmingly indicate that regular kratom consumption produces desired effects, including relief of various symptoms such as pain or anxiety, allowing them to live functional lives and meet daily obligations (Grundmann, 2017; Coe et al., 2019; Smith et al., 2021b).

Energy and Focus

A longstanding use for kratom in SE Asia is to increase productivity. In a survey of over a million kratom users in this region, a primary motive was to enhance physical performance (Tanguay, 2011). This may explain why a preponderance of traditional consumers are male agricultural laborers. Chewing kratom leaves while working the fields has been embedded in the culture for centuries. A recent analysis of 293 male Malaysian daily consumers revealed their main reason for ingestion was to work longer hours with less fatigue and pain (Singh et al., 2014). In another survey of 136 kratom users (predominantly male) in Malaysia, most reported the motive of increased work capacity and enhanced energy. It appears that Westerners are also increasingly using kratom to improve occupational functioning, much like the common use of coffee. Three Western online surveys (over 16,000 respondents combined) revealed increased energy and improved focus as main reasons for kratom consumption (Grundmann, 2017; Pain News Network, 2017; Coe et al., 2019). Social media analyses of kratom users also found these self-reported motivations and benefits of kratom use (Smith et al., 2021b; Smith KE. et al., 2021). In fact, clinical, scientific, and ethnographic reports spanning from 1930 to 2017 consistently reveal kratom's role in enhancing, sustaining, or making it feasible to meet work demands (Henningfield et al., 2018).

Mood and Mental Health

A substantial portion of kratom users report using the plant to improve mood or manage symptoms associated with a mental health diagnosis. In the largest scale survey in SE Asia, many revealed using kratom to "feel better" and "cope with problems" (Tanguay, 2011). In a Western survey of 2,867 current and 157 former kratom users (Coe et al., 2019), 22% reported using kratom to alleviate symptoms of anxiety, post-traumatic stress disorder (PTSD), or depression. In another US-based survey of 8,049 users (Grundmann, 2017), 66% used kratom to treat emotional or mental conditions. Additionally, a survey of 6,150 kratom consumers by Pain News Network (2017) revealed 14.5% of respondents used kratom to treat anxiety, 8.83% to treat depression, and 1.40% to treat insomnia. The most recent survey of kratom users (n = 2,798; Garcia-Romeu et al., 2020) indicated that depression and anxiety were the motivation for kratom use for 67% and 65%, respectively. A literature review of 13 peer-reviewed studies in SE Asia and the United States examining kratom use and mental health provided further support that many individuals use kratom as a mood enhancer or anxiolytic (Swogger and Walsh, 2018). Specifically, the stimulant effect at low doses reportedly acts as a mood booster, while higher doses induce relaxation that may alleviate anxiety. There is also preliminary evidence that kratom has empathogenic effects, leading the authors to hypothesize that kratom may enhance sociability beyond what would be accomplished with anxiety reduction alone (Swogger et al., 2015).

Pain Management

While kratom's longstanding medicinal use in SE Asia applies to a variety of ailments, alleviation of pain is among the most common. A study in which 562 kratom users were interviewed in Malaysia revealed pain relief as a main reason for consumption (Ahmad and Aziz, 2012). Results of large-scale United States online surveys reveal that pain relief is the most common reason for kratom use (Grundmann, 2017; Pain News Network, 2017; Coe et al., 2019; Garcia-Romeu et al., 2020). The Pain News Network (2017) survey queried pain conditions that people were managing with kratom. The most common identified were back/spine pain, followed by acute pain from injury, fibromyalgia, migraine or headache, and rheumatoid arthritis. Other pain conditions people reported treating with kratom included multiple sclerosis, neuropathy, osteoarthritis, inflammatory bowel disease, lupus or other autoimmune diseases, complex regional pain syndrome, Ehlers-Danlos syndrome, trigeminal neuralgia, and cancer. Over 90% of the respondents indicated that kratom is "very effective" in treating their pain or medical condition, while approximately 7% reported it to be "somewhat effective" (Pain News Network, 2017). Adding to data from observational studies, results from a recent randomized, double-blind, placebo-controlled trial indicated that kratom significantly increased acute pain tolerance, as measured in the laboratory using the cold-pressor task (see Brown et al., 2003), in a sample of 26 male kratom users. (Vicknasingam et al., 2020).

Harm Reduction

The value of substitution (replacing an undesirable substance with a less harmful one) is evidenced by cannabis as a successful substitute for alcohol, opioids, and cocaine (Bachhuber et al., 2014; Socías et al., 2017) or treating OUD by replacing opioids with high potential for dependence (e.g., heroin, oxycodone) with those with less potential for dependence (e.g., methadone or buprenorphine). Consistent with descriptions of kratom use in SE Asia dating back to the 19th century (Hassan et al., 2013), current research indicates that kratom is being successfully used as a harm-reduction method or self-treatment for opioid withdrawal, including as a short- or long-term opioid substitute (Ward et al., 2011; PinneyAssociates, 2016; Smith and Lawson, 2017; Smith et al., 2021b; Smith KE. et al., 2021). Notably, kratom has the advantage of being available to individuals who cannot access medical treatment due to barriers in the system or will not access it due to mistrust of health care professionals, thus providing a potential self-treatment for OUD to a wide swath of people who would otherwise receive none.

A convenience study sample of 136 kratom users (99% male; mean age = 38.7) in an area of Malaysia known for heavy kratom use revealed that 90% were using kratom as a substitute for opioids and 84% indicated that kratom helped with their opioid withdrawal symptoms (Vicknasingam et al., 2010). In another Malaysian survey (Singh et al., 2015) of 293 adult male regular kratom users (mostly manual laborers; mean age = 28), 15% indicated that they had used kratom in an effort to reduce or eliminate addictions to illicit substances (e.g., opioids, cannabis) and/or to ameliorate opioid withdrawal symptoms. Kratom has also been used in SE Asia as a substitute or self-treatment for amphetamines and alcohol (Vicknasingam, et al., 2010; Singh et al., 2021) and in the United States to self-treat alcohol dependence (Smith et al., 2021b). These self-report data converge with preliminary signals in the pharmacology literature suggesting the therapeutic potential of kratom alkaloids for harmful alcohol use (Gutridge et al., 2019; Gutridge et al., 2020).

In the West, five United States.-based internet surveys of over 20,000 kratom users, as well as over 20,000 comments to the Drug Enforcement Administration (DEA), and a survey of more than 500 people in treatment for opioid use disorder, indicate that many are using kratom as an alternative to opioids (Grundmann, 2017; Smith and Lawson, 2017; Henningfield et al., 2018; Coe et al., 2019; Garcia-Romeu et al., 2020). In one of those surveys (Grundmann, 2017), nearly half of 8,049 respondents indicated that kratom enabled them to reduce or discontinue the use of opioids. Ten percent of 3,017 respondents to another survey (Coe et al., 2019) were taking kratom to cut down on opioid use and/or relieve withdrawal. Of those using kratom in place of opioids, 90% indicated that it was helpful to relieve pain, reduce opioid use, and relieve withdrawal. An analysis of 170 kratom threads during a 12-month period (2004–2005) on a Western online pharmacy indicated that a vast majority purchased kratom to treat opioid withdrawal (Boyer et al., 2007). Furthermore, in a study of 161 respondents to a United States.-based internet forum, over 10% reported using kratom to successfully decrease or abstain from a substance that was unwanted or

considered to be causing harm (Swogger et al., 2015). Similar social media analyses indicate that kratom use as an opioid substitute is widespread (Smith et al., 2021b; Smith KE. et al., 2021).

Use of kratom as an effective substitute is supported by preclinical research, which is of particular interest in light of the current United States opioid crisis of rising dependence rates, emergency room visits, and overdose deaths. A recent study by Saref et al. (2019) provided evidence of kratom's potential as a harm-reduction agent and Yue et al. (2018) found that rodents pre-treated with mitragynine self-administered less heroin. Using a convenience sample of 260 illicit drug users, Saref et al. (2020) found association was found between self-reported initiation of kratom and reduction in both the consumption of various illicit drugs and frequency of HIV risk behaviors related to sexual practice and injection drug use. These findings are promising, given that estimated calculations put morphine-like opioids at an overdose risk of *a thousand or more times* that of kratom (Henningfield et al., 2019).

Kratom as a substitute to opioids also has the potential to improve social, family and occupational outcomes and behavior (Swogger et al., 2015; Henningfield et al., 2018; Swogger and Walsh, 2018). Like coffee drinkers, regular kratom users often consume this herbal supplement as a beverage in the company of others, enhancing social connection. In contrast, long-term daily opioid use can lead to self-isolation since this drug, unlike kratom, is conducive to the quick intense euphoria attained through snorting, injecting, and inhaling (Henningfield et al., 2018). In fact, only 2% of 6,135 kratom-users in the Pain News Network (2017) online survey responded "yes" to the question "Can you get high from kratom?" In addition to survey data, thousands of public comments to DEA and FDA attested to the successful substitution of kratom for opioids (Prozialeck et al., 2019).

Adverse Kratom Effects and Kratom Withdrawal

Despite centuries of kratom use in SE Asia, there have been few reports of serious adverse events associated with its use, and kratom overdose has not been identified as a direct cause of death in fatalities coincident with kratom use (PinneyAssociates, 2016). Among a sample of 293 SE Asian dependent kratom users, none reported having to obtain medical treatment related to kratom use (Singh et al., 2014). Recent research in the West confirms that adverse effects appear to be rare and dose dependent. In Grundmann's (2017) survey of 8,049 kratom users, less than 1% sought medical or mental health treatment related to kratom consumption, similar to low rates of adverse effects or healthcare treatment utilization for kratom found by Garcia-Romeu et al. Dosages of at least 5 g and frequency of 22 or more times per week were more likely to be associated with side effects (occurring in approximately 20% of 3,024 respondents), which were primarily gastrointestinal in nature (nausea, constipation, etc.). Other reported side effects of kratom use include vomiting, drowsiness, irritability, agitation, headache, runny nose, watery eyes, weight loss, insomnia, dehydration, and excessive thirst (Vicknasingam et al., 2010; Adkins et al., 2011; Anwar et al., 2016; Lydecker et al., 2016; Singh et al., 2016; Grundmann, 2017). These predominantly self-managed side effects occurred in about 13% of 3,024 respondents in the Coe et al. (2019) survey.

Kratom tolerance, dependence, and withdrawal have been reported with daily and heavy use, though these symptoms are generally milder and of shorter duration than those of classical opioids (Ahmad and Aziz, 2012; Singh et al., 2014; Singh et al., 2015; Swogger et al., 2015; Grundmann, 2017; Swogger and Walsh, 2018; Smith et al., 2021b). Physical dependence that can develop over time has been described as similar to that of coffee or mild opioid dependence (Brown et al., 2017). A study on dependent users (three or more daily servings) indicated that withdrawal symptoms (including insomnia, nausea, vomiting, diarrhea, muscle pain or spasms, shakiness, runny eyes or nose, and hot flashes) resolved within one to 3 days for most (Singh et al., 2014). Longer duration of use and higher average dose may extend the duration and increase the severity of withdrawal, however, and a small number of individuals may find kratom very difficult to quit (Smith et al., 2021b).

Overall, there appears to be minimal, short-term risk to the majority of people using kratom with the intention of self-treating a variety of conditions. While these findings warrant validation in controlled clinical studies, they reveal that for many people, kratom enhances their health in ways they report as unachievable, or with fewer side effects, than by other means, including pharmaceuticals. For this reason, it is important that healthcare practitioners are prepared and willing to have conversations with their patients about the use of kratom products pending greater scientific understanding of this plant and experimental validation of its traditional and (growing) conventional uses.

BEST PRACTICES IN THE CLINICAL CARE OF PEOPLE WHO USE KRATOM

Up to 60% of patients turn to non-medical modalities for treatment (Alwhaibi et al., 2015) and over 30% use herbal-based remedies, especially for conditions involving chronic pain (Barnes et al., 2008; Pain News Network, 2017). Although the majority of kratom consumers do not reveal their use to healthcare providers (Grundmann, 2017; Coe et al., 2019), popular use of natural remedies is evident on "pharmacy watch" websites, such as *drugs.com,* that disseminate information regarding alternatives for pain management, including kratom (Boyer et al., 2007). Healthcare practitioners must therefore be knowledgeable about the implications of using these substances. Indeed, the National Institute on Drug Abuse (NIDA) advises that "people should check with their healthcare providers about the safety of mixing kratom with other medicines" (NIDA, 2019), suggesting that patients do turn to their providers for information. Meanwhile, providers and patients alike have been put in unnecessarily difficult positions as they attempt to sort out contradictions between United States government agency-fueled headlines (e.g., the CDC warning that kratom may cause psychosis or death; Anwar et al., 2016) and more reasonable interpretations of the existing scientific data on

kratom. To aid in this process, and with the earlier stated caveats that kratom has not been approved as safe and effective for any medical disorder and we are not encouraging or endorsing such use, we offer *best practices* for assessing and treating people who use kratom, pending further study in controlled experiments.

Assessment

It is important to contextualize kratom assessment for the patient in a way that feels consistent with the non-judgmental and routine nature of a competent medical or mental health evaluation. Embedding questions about the use of "herbal medicines, like Valerian root or kratom" in an assessment of pharmaceuticals and supplements acknowledges kratom's place among other treatments that people choose to use. The stance is non-stigmatizing and respectful and may increase the likelihood of honest patient disclosure. Initiating a discussion with open-ended questions about patients' experiences with kratom, desired outcomes, and concerns enables practitioners to assess gaps in knowledge or false beliefs, areas for patient education. Moreover, apprehending patients' motivations for use also enables clinicians to provide education around other, FDA-approved treatments such as cognitive-behavioral therapy for anxiety and buprenorphine for opioid replacement. Kratom does not appear in standard drug screens (White, 2018). Regardless, we do not recommend routine screening for illicit substances without consideration of the potential impact on patient-provider trust, which may be necessary for honesty and positive outcomes.

Patient-Centered Conceptualization

It is helpful for providers to explicitly state that they are unable to recommend or condone the use of kratom or any substance that is not approved by the FDA, but that they can provide education and work to understand the patient's kratom use. The non-judgmental approach to assessment recommended above leads naturally to a conceptualization of kratom use within the context of individual patient values and goals. The evidence-based treatment *process* specifically highlights the need for clinical engagement and shared decision-making with patient values and goals inherent in that process (Gambrill, 2006; Melnyk et al., 2010; Hoffmann et al., 2014). Treatment around substance use that involves patient values has evidence for efficacy (Osaji et al., 2020). Someone who, for example, is unsuccessfully using kratom to self-treat anxiety may be surprised to learn that there are evidence-based psychotherapies (e.g., cognitive-behavioral therapy) that are effective for doing the same. Someone who is self-treating OUD may wish to switch to buprenorphine, or other medication-assisted therapy if they are unhappy with their response to kratom or wish to use an FDA-approved product. For people without histories of opioid dependence, however, switching from kratom to buprenorphine or methadone should be considered judiciously on a patient-by-patient basis. Assessment of patient values and goals can lead to rich, meaningful discussions of the potential risks and benefits of a number of treatments and can contribute to trust, and thus effectiveness, in the clinician-provider relationship.

Understand Patient Motives for Use

With the explicit acknowledgment that data from randomized controlled trials is lacking, the available data reviewed above indicate that people across the world consistently report that kratom is useful for increasing energy, improving mood and alleviating anxiety, and for decreasing and/or ceasing opioid use and alleviating related withdrawal symptoms. Some people have reported that kratom has been a helpful substitute for other substances that are causing harm (e.g., alcohol). Finally, the observational literature indicates that people consistently report the utility of kratom for pain relief, and this is corroborated by the only clinical trial to examine kratom and analgesia in humans.

Dosing

The literature on dosing is consistent, but imprecise. In general, lower doses up to approximately 5 g of raw plant material are reported to exert stimulant effects and have been compared to caffeine. Doses between approximately 5 and 15 g are reported to lead to relaxation and analgesic effects. These higher doses may be necessary for successful opioid substitution. Side effects are more likely at higher doses. Limited data show that there is variability in terms of lowest and highest perceived dose as being ineffective or effective, and that feelings of discomfort may arise from higher doses (Smith et al.). Although no dose or dosing range can be clinically recommended, but patients can be informed that some average doses are approximately 2.5 g (Smith et al.). The development of kratom dependence, including tolerance and withdrawal symptoms upon cessation or reduction, is more likely at higher doses and with frequent, recurring use. For this reason, patients should be encouraged to use as little as needed for therapeutic effects. People who have decided to initiate kratom use should begin with a minute amount to test for adverse reactions before slowly increasing. It is important to convey that the potency of the plant can vary based on factors such as geographical source, the season, age of the sample, and post-harvest handling (Adkins et al., 2011; Griffin and Webb, 2018; Pearson et al., 2018; Zhang et al., 2020), as well as strain, which is commonly referred to as vein type (red, green, or white) and likely corresponds to the age of the leaf. Evidence suggests that the red vein variety may be more potent than the older, green vein (Braley and Hondrogiannis, 2020). Patients should be advised to purchase kratom from the same manufacturer to be as consistent as possible in the product (see further discussion below).

Duration of Action

Generally, the effects of kratom last for approximately five to 7 hours, with the strongest effect within two to 4 hours of ingestion, though aftereffects (e.g., fatigue) can be felt as late as the following day (Maruyama et al., 2009; Prozialeck et al., 2012; Rosenbaum et al., 2012; Scott et al., 2014). One should not assume, however, that effects of kratom will not "kick in" sooner, especially if taken on an empty stomach, or last longer due to individual variation.

TABLE 1 | Legality of kratom in United States.

State	Legality
Alabama Arkansas Indiana Vermont Wisconsin Rhode Island	Illegal in all areas for use, possession, and purchase
Illinois	Legal for use, with exception of Jerseyville, Alton, and Edwardsville, to people over the age of 18
New Hampshire	Legal to use for individuals over the age of 18, except for Franklin City
California	Legal for use but banned in the city of San Diego
Florida	Legal for use but banned in Sarasota County
Mississippi	Banned in 33 counties and towns but remains legal in the rest of the State
Colorado	Legal in Colorado, with exceptions in Parker and Monument towns. Denver is illegal for human consumption
Tennessee	Legal to sell as long as it's labeled and in its natural botanical form (Pure). Legal to use for individuals over the age of 21
Arizona Georgia Nevada Utah	Kratom Consumer Protection Act passed and enacted, kratom products need to follow GMP manufacturing guidelines and labeling standards set by the state legislature
Remaining states	Legal to consume, purchase and sell. In many cases, you must be an adult over 18

Side Effects and Adverse Effects

Unwanted effects associated with kratom use have been systematically studied. Large scale surveys and other observational studies of tens of thousands of users reveal that a minority experience dose-dependent side effects that are mostly mild and self-resolve. The most common of these are constipation, nausea, vomiting, other stomach irritation, and drowsiness (Grundmann, 2017; Swogger and Walsh, 2018). Dizziness and sedation are possible, so patients should avoid driving or any other activities one would avoid after drinking alcohol. Adverse effects, while rare, cannot be ruled out. These include the potential for liver problems, seizures, and dependence (discussed below). Individuals with compromised liver, kidney, or cardiac function may be at increased risk for harm (Harizal et al., 2010). While a recent study found no QTc interval prolongation differences between kratom users and controls (Leong Abdullah et al., 2021), it is worth noting that a small number of cases allude to this possibility and cardiotoxicity in humans cannot be ruled out (see Lu et al., 2014). Clinical trials may reveal additional long-term and/or rare side effects and adverse effects.

Kratom-Drug Interactions

As discussed earlier, it is important to note the possibility of risky drug interactions between kratom and alcohol, opioids, and benzodiazepines for instance, which may induce respiratory depression, as well as use in combination with stimulants because kratom also as stimulant effects. In the absence of evidence of more detailed safety data, there should be the presumption of some level of risk of kratom use in combination with other pharmacologically active substances and that such risks are more likely to be increased by higher levels of consumption. Thus, patients taking kratom should be made aware that interaction effects with other substances have not been studied. It is therefore highly advisable to refrain from mixing kratom with other substances including herbal products. Additionally, mitragynine's observed mechanisms of action can guide warnings issued to kratom consumers taking certain medications. The alkaloid's stimulation of postsynaptic alpha-2 adrenergic receptors (Prozialeck et al., 2012) suggests that it can accentuate and therefore be dangerous with other sedative, hypnotic, and analgesic drugs (White, 2018). Additionally, a recent *in vitro* study revealed the possibility that kratom ingestion mixed with drugs that are P-gp substrates (e.g., erythromycin, loperamide, protease inhibitors) could lead to clinically significant toxicity (Rusli et al., 2019). Finally, there is evidence that kratom cytochrome P450 enzyme activities, thus raising the possibility of herb-drug interactions when administered along with agents that use the same metabolic pathway (Hanapi et al., 2013).

Dependence

Kratom dependence occurs for a minority of users, especially at high doses with frequent dosing. Individuals with substance dependence histories who are considering initiating kratom use should be informed that their risk of dependence is theoretically higher than for people who have never had harmful substance use. Solid therapeutic relationships enable patients to be honest about their kratom use, allowing for close monitoring of increased signs of dependence (e.g., tolerance, cravings, and withdrawal symptoms upon cessation). Patients looking to decrease or

discontinue kratom use can be assured that this is often done without medical intervention (Saingam et al., 2016) and that a gradual taper is recommended. Mild withdrawal effects occur in some people and usually resolve within days. These may include physical symptoms (muscle spasms or soreness, diarrhea, muscle aches, lack of appetite, fever, and runny eyes and nose) and psychological symptoms (mood swings, irritability, nervousness restlessness, disturbed sleep, tension and sadness; Singh et al., 2014). Some people who have ceased use report substituting coffee or energy drinks to help with withdrawal symptoms (Saingam et al., 2016). Patients should be encouraged to call their provider if concerns arise regarding the severity or duration of their withdrawal symptoms, as more severe and long-lasting withdrawal has been reported. In such cases, initiation of an opioid substitute (e.g., buprenorphine) and/or supportive psychotherapy may be beneficial. Patients who experience more severe withdrawal symptoms should be cautioned against making important decisions until they are feeling better and should be encouraged to contact their provider if they begin having thoughts of suicide due to mood changes occurring during the withdrawal process.

Additional Considerations

In order to purchase kratom that is of consistent potency and is unadulterated, patients should be informed that vendors who use Good Manufacturing Practices (GMP) are identifiable. It is also potentially helpful to inform patients about whether they risk arrest for use of kratom in a particular jurisdiction (see **Table 1**). Finally, it may be helpful to clarify that FDA non-approval of kratom as a treatment, despite the significant observational evidence for utility, reflects the fact that clinical trials to substantiate users' reported effects have yet to be conducted. In conclusion, we present here the most up-to-date information regarding kratom to inform healthcare providers with the necessary data to have honest and straightforward discussions with their patients concerning kratom use, which is currently on the rise in the United States, and could have important health ramifications.

AUTHOR CONTRIBUTIONS

LB and MS conceptualized the paper and wrote preliminary drafts. All other authors contributed to the significant editing, scientific review, and writing of subsequent drafts.

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Conflict of Interest: Through PinneyAssociates, JH provides scientific and regulatory consulting to support new drug applications (NDAs) and risk management programs for a broad range of CNS active substances and drug products including psychedelic substances, new chemical entities, and alternative formulations and routes of delivery, as well as dietary ingredient notifications, cannabinoid assessment, and noncombustible tobacco/nicotine products for FDA regulation. This includes advising the American Kratom Association and its affiliate, the Center for Plant Science and Health, on kratom science and regulation.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

The reviewer MFILBA declared a past collaboration with several of the authors OG, JH to the handling editor.

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AMERICAN KRATOM ASSOCIATION

INDEPENDENT COMMENTARY

Use of Kratom in the Substance Abuse Community – How Barriers Impede Quality Outcomes that Would Reduce Suffering and Save Lives

John Shinholser
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BACKGROUND

The traditional approach to substance abuse disorders and the common co-occurring disorders (COD) has relied heavily on observational research on patient outcomes associated with treatment in both outpatient and residential settings. The complexities of patient abuse behaviors has led to multiple treatment models, from treatment intensive outpatient settings to therapeutic community residential stays of between 6 and 12 months.

The common denominator in these treatment models involves an initial detoxification where the acute and potentially dangerous physiological effects of stopping drug use are managed and that typically is followed by referral to a drug addiction treatment program. The detoxification often involves unpleasant and potentially fatal side effects associated with withdrawal that are managed by a physician (in either an outpatient or inpatient setting). Medications assist in the withdrawal from opioids, benzodiazepines, alcohol, nicotine, barbituates, and other sedatives.

It is common in the recovery population for patients to substitute one form of treatment, or the medications they are prescribed, for another in the course of their treatment and recovery. In many cases these substances produce changes in brain structure and function that both promote and sustain addiction and are often linked to relapses. The fact is substance use disorders are chronic illinesses that produce clinically significant impairments in health, social function, and the capacity to control substance use. Affected individuals often have difficulty in complying with prescribed treatments and MAT providers often facilitate changes in approaches and medications to match the needs and adherence behaviors of patients.

Medicated-Assisted Treatment (MAT) programs have become a substantial business involving the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide what is known as a “whole-patient” approach to the treatment of substance use disorders, including opioids, alcohol, and smoking. MAT for opioid addiction is subject to an array of federal legislative mandates and regulations with robust government funding allocations to combat the scourge of addiction and its societal costs. According to the HHS Substance Abuse and Mental Health Services Administration (SAMHSA) there are more than 2 million people in the United States who suffer from an opioid use disorder[i] that included heroin and prescription opioids such as oxycodone and hydrocodone.

The costs of these programs are staggering, with 2019 State Opioid Response (SOR) grants alone totaling $1.4 billion[ii] with the bulk of those funds allocated to MAT programs. This funding focuses on using three FDA approved medications for opioid use disorder (OUD) programs which are characterized as the “gold-standard” for treatments. It is not surprising that the addiction community resists any alternative treatment, particularly any non-drug product being used to wean off of opioids or replace them entirely without the associated withdrawal programs and costs.

ANALYSIS

I have personally observed the evolution of the treatment modalities for substance abuse disorders as an addiction professional for the past 38 years, and personally experienced the process as an addict currently in recovery, clean and

sober. I have observed first-hand the biases embedded in the addiction treatment community on any potential new options for patients, and was a skeptic myself when initial reports were made on the natural plant kratom being effective in reducing drug cravings and in pain mitigation.

Over the past 7 years, I have personally observed over a thousand kratom consumers reporting routine recreational use (similar to using coffee for an energy boost or to increase focus), as a home remedy for pain related symptoms, and as a diversion product from drugs with dangerous safety profiles with known dangerous side effects. Among those using kratom as a diversion from illicit or prescribed pain medications, a large percentage of those addiction cases involved the use of mood-altering prescription medications.

I have personally witnessed hundreds of substance abuse patients use kratom responsibly as a supplement to ease craving symptoms, both physical and psychological, to reduce reliance on more highly addictive and potentially deadly medications. Among those I have personally observed, dozens of individuals used kratom for chonic pain symptoms to successfully reduce use of more dangerous drugs, or eliminate reliance on those drugs altogether. My observations mirror the conclusions of the study conducted by Johns Hopkins reseacher Albert Garcia-Romeu and his colleagues that was published in January 2020 in Drug and Alcohol Dependence where they reported that 41% of their study respondents has used kratom to stop or reduce prescription or illicit opioid use, and that 87% of those reported relief from withdrawal symptoms and 35% reported they had a >1 year abstinence from opioids attributed to kratom use.[iii]

A survey of 30 kratom users seeking to relieve pain associated with opiate withdrawal resulted in 29 participants were pain free within 5 days and had stopped using opiates entirely (the lone non-completion participant left the study prior to its end date). This kind of data should have been the catalyst for MAT providers to reexamine their treatment protocols, but a variety of federal regulations and guidelines literally prevent MAT providers from using any substances that are not on the list of FDA approved drugs authorized for reimbursement in these treatment programs.

In addition, numerous individuals suffering from acute and chronic pain have reported kratom effectively mitigates their pain and allows them to reduce or stop using medications with a much higher safety profile. It has been my experience in recovery programs that many individuals who are in early recovery from substance use disorders have found kratom to facilitate an easier recovery process than those who are being treated with prescribed medications.

It is a common practice for those in the recovery population to substitute one product for another in an attempt to mitigate withdrawal symptoms, and a growing number of this population report they have responsibly used kratom and experienced a far easier recovery process than those using the approved prescribed medications in the MAT programs. It is counter-intuitive that federal mandates on MAT programs would be restricted from using kratom when it could reduce patient reliance on dangerous prescription medications, shorten recovery periods, potentially eliminate use of more harmful medications, and even save lives of those who die in the current approved treatment regimen.

CONCLUSIONS

The FDA has unfairly demonized and stigmatized kratom so that it is not currently approved for use in federally-regulated MAT programs, and that impacts the treatment approaches of private providers. These barriers to access and those regulatory limitations prevent substance abuse programs from providing the optimal treatment to those individuals who would benefit from access to kratom use. Kratom should be added as a supplement option to first line addiction recovery treatment regimens to allow patient access to a safer option to prescription medications and to reduce the withdrawal effects and time required to successfully treat addictions in traditional treatment programs.

Our first duty as substance abuse and treatment professionals should be to provide access to treatment programs that best serve the interests of patients, including reducing the use of more dangerous drugs and therapies when appropriate. Resesarch funded by the National Institutes on Drug Abuse (NIDA) showing the kratom is not dangerously addictive, and the safety data showing that adverse events and deaths associated with kratom use are actually the result of polydrug use or ingesting adulterated kratom with fentynal, heroin, or morphine all persuasively argue for a new approach by SAMHSA to include kratom as an approved treatment option supervised in MAT programs. The number of individuals who were trapped in opioid addictions and found kratom to be the pathway to reduce or eliminate opioid use is powerful evidence

that kratom is part of the solution, and not the problem. If kratom saved only one life, that would be enough. But based on the reports of kratom users who have successfully used kratom to escape addictions, it clearly has saved many lives.

Kratom needs to be freed from the bias of the FDA against all non-drug substances used to manage acute and chronic pain; the special interest anti-kratom hysteria driven in part by fears of financial losses; and kratom should be allowed to take its place as a legitimate player in the substance abuse treatment community.

John Shinholser currently serves as President of The McShin Foundation, which was founded in 2004 and named for its two recovering co-founders, John Shinholser and Carol McDaid. Virginia's largest Authentic Recovery Community Organization. In 2005, Shinholser received the prestigious national America Honors Recovery Award from the Johnson Institute -- one of six recognized (nationally) in 2005. In 2005, he also received, along with his wife Carol McDaid, the Caron Foundation's Outstanding Alumni Award. In 2006, Shinholser received the coveted OSAS (Virginia state office of substance abuse services) Award of Virginia for Significant Contributions to the Field of Substance Use Disorder Recovery. This award is typically given to professionals in the field. Mr. Shinholser was the first recovering community member to receive this award.

Under John's leadership McShin won the Recovery Community Organization of the year Award for the United States, The Joel Hernandez Award presented by Faces and Voices of Recovery in a Washington D.C. ceremony in June of 2011. Also, under John's guidance McShin won the national SAMHSA (Substance Abuse and Mental Health Service Administration) Recovery Month 2011 Flicker Award. McShin also won the SAMHSA special event of the year award in 2014. McShin Foundation is one of only 19 nationally CAPRSS accredited RCO's.

John Shinholser served as President of the SAARA (substance abuse and addiction recovery alliance) of Central Virginia Affiliate and is a former board member of SAARA of Virginia (2001-2005). Shinholser also served on the board of directors of Rubicon, Inc. for fourteen years the last two as Chairman of the board (1999-2013), Virginia's most comprehensive substance abuse treatment facility (230 beds).

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[i] https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[ii] https://www.hhs.gov/about/news/2019/03/20/hhs-releases-additional-487-million-to-states-territories-to-expand-access-to-effective-opioid-treatment.html

[iii] Albert Garcia-Romeu, et al., Drug and Alcohol Dependence, https://doi.org/10.1016/j.drugalcdep.2020.107849

AMERICAN KRATOM ASSOCIATION

SUPPLEMENTAL SUPPORTING RESEARCH

Kratom Abuse Potential 2021: An Updated Eight Factor Analysis
Jack Henningfield, Daniel W. Wang and Marilyn A. Huestis

https://www.frontiersin.org/articles/10.3389/fphar.2021.775073/full

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Kruegel, A.C. & Grundmann, O., The medicinal chemistry and neuropharmacology of Kratom: A preliminary discussion of a promising medicinal plant and analysis of its potential for abuse. Neuropharmacology, 134, 2018.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

March 16, 2022

The Honorable Michael S. Lee
United States Senate
Washington, DC 20510

The Honorable Mark Pocan
U.S. House of Representatives
Washington, DC 20515

Dear Senator Lee and Representative Pocan:

Thank you for your letter about the substance *Mitragyna speciosa*, commonly known as kratom. As your letter notes, efforts to schedule kratom within the United States have not moved forward, and the World Health Organization (WHO) Expert Committee on Drug Dependence concluded that there was insufficient evidence to recommend a critical review of kratom. This means that WHO will take no further action to control kratom under the 1961 or 1971 Conventions at this time.

Your letter also noted that there is emerging science suggesting kratom may have therapeutic health benefits. The Department of Health and Human Services (HHS) is also aware of the emerging research and recent reports indicating that many individuals may be using kratom to self-treat serious health conditions, including, but not limited to, self-medication for managing pain, mental illness, and a substance use disorder. Additionally, there are reports that kratom is used for recreational purposes. Based on the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, it is estimated that over 2 million Americans 12 years and older used kratom in 2020. However, the prevalence of kratom use is difficult to estimate, and the reason for this prevalence remains unclear.

To that end, HHS and its component agencies are working to address knowledge gaps through research. Both the National Institutes of Health and the Food and Drug Administration (FDA) are supporting studies on the pharmacology of kratom's constituents, their toxicity and addictive liability, as well as their potential therapeutic benefits for pain and substance use disorder. While there are no FDA-approved uses for kratom, the Agency has a proven drug review process involving the evaluation of scientific research and data from rigorous controlled clinical trials to assess the risks and benefits of drugs. This includes a well-developed process for evaluating therapeutic uses of botanical drug products. FDA has also issued guidance on the proper

development of botanical drug products[1] and has a team of medical reviewers who can provide scientific expertise on botanical issues for researchers developing drugs made from plants.

To your final point regarding kratom safety and consumer protections, I agree with your concerns. Indeed, FDA continues to receive concerning reports describing safety concerns associated with kratom, including death. Many kratom-involved overdose deaths have occurred after use of adulterated kratom products or taking kratom with other substances.

While options for scheduling have been discussed, we believe that additional data and information are needed to understand the public health impact of kratom in terms of therapeutic benefits as well as safety risk. Discussions continue within HHS on mitigating actions to best address the various public health concerns presented, including potential unintended consequences that may arise from transitioning to riskier alternatives (for example fentanyl) if kratom were to be scheduled.

Thank you again for contacting me regarding this matter. Should you have further questions, please have your staff contact the Office of the Assistant Secretary for Legislation at (202) 690-7627

Sincerely,

Xavier Becerra

Cc:

Hon. Linda Thomas-Greenfield, United States Ambassador to the United Nations

[1] https://www.fda.gov/files/drugs/published/Botanical-Drug-Development--Guidance-for-Industry.pdf



REGIONAL MEDICAL EXAMINER'S OFFICE

July 2, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Potential Nevada Board of Pharmacy Action to Schedule Mitragynine (Kratom)

Dear Executive Secretary Wuest,

As Chief Medical Examiner and Coroner at the Washoe County Regional Medical Examiner's Office, I provide autopsy and death investigation services for Washoe County, as well as autopsy services to an additional 19 counties in Northern Nevada and Northern California. I also review fatalities as a member of the Washoe County Child Fatality Review Team, the Nevada Maternal Mortality Review Committee, and serve as a consulting subject matter expert for the State of Nevada Committee to Review Suicide Fatalities. My *Curriculum Vitae* is attached.

I write to you today to express my concern regarding the danger of the currently unregulated and unscheduled drug mitragynine to Nevada residents. This plant-derived alkaloid compound also known as Kratom has historically been utilized in Southeast Asia for its stimulant-like effects at lower doses and opioid-like effects at higher doses. The drug has found its way to the western world, including Nevada, and apparently can be obtained with ease in concentrated extract form via the internet by its users.

Despite the lack of clinical research to determine the safety and efficacy of mitragynine, its use has become more widespread, and the number of mitragynine-related fatalities in Northern Nevada has increased alarmingly over the past 4 years after being first seen in 2015. In an abstract[1] recently submitted for presentation at the October 2020 Annual Scientific Meeting of the National Association of Medical Examiners, my co-authors and I describe 35 deaths from 2015 to Spring 2020 in Northern Nevada in which mitragynine was detected and quantitated in postmortem blood. In 28 of the cases mitragynine was a contributing or causal factor in the death. In one case, mitragynine was the sole intoxicant present and it alone caused the death, with a high postmortem blood concentration of 950 ng/mL. Furthermore, following submission of our study, additional mitragynine-related deaths have occurred in our region, including one particularly alarming case in which mitragynine was detected in

the blood of a deceased infant who had been breastfed by a mitragynine-abusing mother; mitragynine toxicity was a contributing factor in the death, as the infant most likely died of asphyxia and the central nervous depressant drug may have contributed to hypoxia through respiratory depression.

To date in the Northern Nevada deaths observed, mitragynine is most frequently observed in combination with other opioid and depressant drugs, both prescription and illicit. The combination with illicit drugs in particular suggests mitragynine is being used recreationally, as a drug of abuse, rather than in any therapeutic fashion. Its safety and efficacy have not been assessed, and the potency of the alkaloid in various plant extracts and powders is likely highly variable. Mitragynine (Kratom) presents a danger to Nevadans and should be designated schedule I, having no currently accepted medical use and a high potential for abuse.

Sincerely,



Laura D. Knight, MD
Chief Medical Examiner & Coroner
Washoe County Regional Medical Examiner's Office
Associate Professor, Departments of Pathology and Pediatrics
University of Nevada-Reno School of Medicine
Reno, Nevada

References:

1. Schmitt JS, Bingham K, Knight LD. "Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level is Fatal?" Annual Meeting of the National Association of Medical Examiners, Virtual, October 2020.

Laura D. Knight, MD

Washoe County Regional Medical Examiner's Office
990 E. 9th St, Reno, NV 89512
775-785-6114 phone | 775-785-6163 fax
Email: ldknight@washoecounty.us

PROFESSIONAL EMPLOYMENT AND EXPERIENCE

Reno, NV
7/2015-present

Washoe County Regional Medical Examiner's Office
Chief Medical Examiner and Coroner, since 1/2017
Deputy Chief Medical Examiner, 7/2015-1/2017

Various locations
11/2009-present

Independent Consultant in Forensic Pathology
Consultant in select civil and criminal cases
Incorporated as *Knight Forensics, PLLC*, since 12/2016, Reno, NV

Syracuse, NY
11/2009-6/2015

Medical Examiner's Office, Onondaga County Center for Forensic Sciences
Deputy Chief Medical Examiner, 5/2013-6/2015
Medical Examiner/Forensic Pathologist, 11/2009-4/2013
-Direct Supervisor, Forensic Autopsy Technicians (5), 2011-2015
-Physician Liaison with Tissue Procurement Organizations
-Child Death Review Teams, Onondaga and Oneida Counties, member

Kansas City, MO
7/2007-10/2009

Jackson County Medical Examiner's Office
Deputy Medical Examiner – covering Jackson, Clay, Platte, and Cass Counties
-Biosafety Officer for ME Office; Child Fatality Review Panel member

Charleston, SC
2002-2006

Medical University of South Carolina, Division of Forensic Pathology
Resident Medical Examiner (moonlighting)
-Performed approximately 200 forensic autopsies; courtroom testimony

ACADEMIC APPOINTMENTS

6/2016-present

University of Nevada School of Medicine - Reno
Associate Professor, Department of Pathology
-Lecturer, 2nd year medical school class, topics in Forensic Pathology
-Mentor, rotating 3rd and 4th year medical students
-Mentor, medical student Pathology Student Interest group
Associate Professor, Department of Pediatrics
-Mentor, rotating 3rd and 4th year medical students

8/2010-12/2014
Syracuse, NY

Syracuse University
Part-time Instructor, Institute for Forensic and National Security Sciences
-FSC 451/651, Forensic Pathology (sole instructor) – Five semesters, 2010-2014
-Research Mentor, Forensic Capstone Seminar (FSC 498), 2013, 2014
-Youth Suicides poster
-Mentor, Medical Examiner's Office Internship for SU forensic science students

11/2009-6/2015
Syracuse, NY

Upstate Medical University, State University of New York
Assistant Professor, Department of Pathology
-Course Director, Forensic Pathology elective (4th year students), 2014-2015
-Forensic Pathology Journal Club, organizer
-Lecturer, Pathology Resident didactics – Numerous forensic pathology topics
-Lecturer, Pathology Course (2nd year medical students)

-Congenital heart disease, perinatal disease and SIDS, basic Forensic Pathology and death certification

7/2007-10/2009 Kansas City, MO
School of Medicine, University of Missouri-Kansas City
Clinical Assistant Professor, Department of Pathology
-Lecturer, 2nd Year Pathology Course – Forensic pathology, neuropathology
-Lecturer, Pathology Resident didactics – Forensic pathology, child abuse

EDUCATION AND TRAINING

7/2006-6/2007 Albuquerque, NM
Office of the Medical Investigator, University of New Mexico
Fellowship in Forensic Pathology

7/2001-6/2006 Charleston, SC
Medical University of South Carolina
Residency in Anatomic and Clinical Pathology

1997-2001 Louisville, KY
University of Louisville School of Medicine
Doctor of Medicine

1994-1997 Murray, KY
Murray State University
B.S. Chemistry, *Magna Cum Laude*

1990-1994 Paducah, KY
Lone Oak High School
Valedictorian

BOARD EXAMINATIONS AND LICENSURE

Unrestricted Licenses to practice Medicine:
Nevada (active)
New York (active)
Missouri (inactive)
South Carolina (inactive)

Board certification in Anatomic and Clinical Pathology, American Board of Pathology, 2007
-Continuous Certification (CC) compliant

Board certification in Forensic Pathology, American Board of Pathology, 2007
-Continuous Certification (CC) compliant

STATE AND LOCAL BOARDS/COMMITTEES

State Disaster Identification Coordination Committee (NRS 414.270), Nevada, appointed member, convened April 2020 for COVID-19 pandemic response.

Maternal Mortality Review Committee (NRS 442.764), State of Nevada, Member, January 2020 - present

Nevada Physician Wellness Coalition, Board of Directors, August 2018-present

Substance Abuse Task Force (Reno-Sparks and Washoe County, NV), member, August 2018-present

Statewide Partnership on the Opioid Crisis (SPOC), appointed by Nevada Attorney General, March 2018
-Working Group member
-Coroner Training Subcommittee member

Committee to Review Suicide Fatalities, NV State Department of Health and Human Services, (non-member) invited participant/subject matter expert, 2016-present

Sudden Death in the Young Grant, NV Advanced Review Team member, 2016-2019

Child Death Review Team, Washoe County, member, 2015-present

Trauma Multidisciplinary Peer Review Committee participant, Renown Regional Medical Center, 2015-2018

NATIONAL COMMITTEES

Member, Sudden Unexplained Death in Pediatrics (SUDPeds) Panel, a collaboration of the National Association of Medical Examiners, American Academy of Pediatrics, and the SUDC Foundation, 2017-2019

-**Chairperson**, Autopsy Practices and Standards Committee
-Member, Overview/Historical Perspective Committee
-Member, Biospecimen Archives and Postmortem Tissue Donation Committee
-Member, Death Certification Committee

PROFESSIONAL SOCIETY MEMBERSHIPS AND LEADERSHIP ROLES

2002-present **National Association of Medical Examiners (NAME), Fellow** (since 2007)
-**Executive Committee**, member at-large, Feb 2019-December 2020
-**Board of Directors**, 2018-present
-Scientific Program Chair: 2020 Annual Meeting (anticipated)
-Standards Committee, 2020-present
-**Ad Hoc Committee: Workplace Stress and Wellness, Co-Chair,** 2020-present
-Ad Hoc Committee: Workforce Development, 2020-present
-Ad Hoc Committee: Deaths Involving Drugs, 2018-present
-Education, Program, and Publications (EPP) Committee, member ex-officio, 2014-2019
-EPP Subcommittee: Development of Self-Assessment Modules (SAMs), 2011-present
-**Committee Chairperson, May 2013-Dec 2019**
-Advisor, 2020-present
-EPP Subcommittee: Program, 2010-present
-EPP Subcommittee: Journal, 2018-present
-Nominating Committee: elected in 2014, 2015, 2016
-**Committee Chairperson, 2016**
-EPP Subcommittee: Scientific Awards, 2008-2013
-EPP Subcommittee: Forensic Pathology Training, 2004-2005, 2008-2010
-NAME Foundation Member, 2018-present

2007-present **American Academy of Forensic Sciences, Member**, Pathology/Biology section
-Nominating Committee, 2018-2019
-Research Committee, Pathology/Biology Section, 2012-2015
-Best Resident Paper Award Committee, 2010-2014

2016 **American Board of Pathology**
-Maintenance of Certification Advisory Committee, 2016

2001-present **College of American Pathologists, Fellow** (since 2007)
-National Spokesperson Program, 2010-2012

2001-2015 **American Society for Clinical Pathology, Fellow** (since 2007)

1997-2001 American Medical Women's Association, student chapter, University of Louisville
-**President**, 1998-1999

EDITORIAL AND REVIEW POSITIONS

Invited Reviewer, *American Journal of Forensic Medicine and Pathology*, 2018-present
Guest Editor, *Academic Forensic Pathology*, June 2018 issue, "Hepatobiliary/Pancreas"
Editorial Board, *Academic Forensic Pathology*, January 2015-2019
Invited Reviewer, *Forensic Science Policy & Management: An International Journal* (official journal of ASCLD), September 2015
Guest Reviewer, *Academic Forensic Pathology*, 2013-2014
Invited Reviewer, ASCP Check Sample CME Series in Forensic Pathology, 2010-2012
Reviewer, RTI CME modules, National Association of Medical Examiners, 2011-2013

ABSTRACTS PRESENTED AT SCIENTIFIC CONFERENCES (26)

Schmitt JS, Bingham K, **Knight LD**. Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level is Fatal? Annual Meeting of the National Association of Medical Examiners, October 2020. [Submitted]

Knight LD, Franklin N, Oxborrow K. A Medical Examiner Bereavement Mementos Program Via Non-Profit Auxiliary Organization. Annual Meeting of the National Association of Medical Examiners, October 2020. [Submitted]

Clark S, deJong J, Jentzen J, Sens MA, **Knight L**, McGee M, Cvitanovich G. Automated Drug-Involved Death Data Collection Pilot. Platform presentation (Clark) at the Annual Meeting of the National Association of Medical Examiners, October 22, 2019, Kansas City, MO.

Bundock EA, Corey TS, Sens MA, Pinneri K, **Knight LD**, Crandall LG, Goldstein RD. Unexplained pediatric deaths: investigation, certification, and family needs. Panel platform presentation at the Annual Meeting of the National Association of Medical Examiners, October 20, 2019, Kansas City, MO.

Knight LD, Batalis NI, Boggs C, Bryce C, Martin A, Obenson K, Wiens A, Aurelius M, Fisher-Hubbard A, Pandey M. Forensic Pathology-Relevant "Patient Safety" Course. Live Presentation at the Annual Meeting of the National Association of Medical Examiners, October 16, 2018, West Palm Beach, FL.

Knight LD, Sampson B, Aurelius M, Batalis NI. Update on Continuous Certification and Impact on Forensic Pathologists. Platform panel presentation, Annual Meeting of the National Association of Medical Examiners, October 14, 2018, West Palm Beach, FL.

Martin HK, **Knight LD**, Vaughan-Allen M, Clements-Nolle K. Behaviors and risk factors associated with suicide completion in Nevada. Poster presentation (Martin), Nevada Public Health Association Annual Conference, September 26-27, 2018, Las Vegas, NV. (Awarded Best Research Poster)

Swenson VM, George RL, Pilloud MA, **Knight LD**. Decapitation: A Case Study and Review of the Literature. Poster presentation (Swenson), American Association of Physical Anthropologists Meeting, April 11-14, 2018.

Hulse CN, Stull KE, **Knight LD,** Bocinsky K. Determining common skeletal injury locations based on manner of death. Platform presentation (Hulse), American Academy of Forensic Sciences, Annual Meeting, February 22, 2018, Seattle, WA.

Skipper CE, Pilloud MA, **Knight LD.** Differentiating impact and heat-related skeletal fractures from a small plane crash. Poster presentation, American Academy of Forensic Sciences, Annual Meeting, February 22, 2018, Seattle, WA.

Knight LD, Stoppacher R, Moody M, Yerdon C, Zaferes A. Suspicious Deaths in Water. Platform Presentation (Workshop). Annual Meeting of the National Association of Medical Examiners, October 15, 2017, Scottsdale, AZ.
Published in: *Academic Forensic Pathology*, Nov 2017, volume 7, supplemental:S32.

Knight LD, Batalis N, Boggs C, Hess G, Martin A, Pandey M, Shelly M, Wiens A. A Forensic Pathologist Panel on Maintenance of Certification (MOC): Point and Counterpoint. Platform Panel Presentation (Batalis et al). Annual Meeting of the National Association of Medical Examiners, October 5, 2015, Charlotte, NC.

Martin A, **Knight LD.** Evidence Basis for Maintenance of Certification (focusing on Pathology/Forensic Pathology). Platform presentation (Martin). Annual Meeting of the National Association of Medical Examiners, October 5, 2015, Charlotte, NC.

Knight LD, Batalis NI, Hess GL. Maintenance of Certification (MOC) for the Forensic Pathologist. Platform presentation (all authors), Annual Meeting of the National Association of Medical Examiners, September 22, 2014, Portland, OR.

Logan BK, Labay LM, Caruso JL, Gilson TB, Lemos N, McIntyre IM, Stoppacher R, **Knight LD**, Wiens A, Williams E. Synthetic Cannabinoid Drugs as a Cause or Contributory Cause of Death. Platform presentation, Annual Meeting of the National Association of Medical Examiners, September 2014, Portland, OR.

Back J, **Knight LD**. Parkour-related death: First case report and review of the literature. Platform presentation (Back), Annual Meeting of the National Association of Medical Examiners, October 2012.

Hookano R, **Knight LD**, Brunelli R, Stoppacher R. Application of Social Network Services in Medicolegal Death Investigation. Platform presentation (Hookano), Annual Scientific Meeting of the American Academy of Forensic Sciences, February 24, 2012.

Knight LD. Analysis of Usage of a Tableside Urine Drug Screen Immunoassay at Autopsy: A Retrospective Review. Platform presentation, Annual Meeting of the National Association of Medical Examiners, October 5, 2010.

Knight LD, Fredrickson LA, Stueve MM, Dudley MH. Young Drivers Over-Represented in Traffic Fatalities in Missouri: Retrospective Review of Young Driver Deaths in a Large Metropolitan Jurisdiction, 2006-2008, with an Eye Toward Prevention." Poster, Annual Meeting of the National Association of Medical Examiners, September 2009. Published in: Am J For Med Pathol, Mar 2010, 31(1):e34.

Fleming S, Frazee C, Garg U, Dudley M, **Knight L**, Young T. Deadly Ingestion Involving Zolpidem, Clonazepam, and Ethanol: A Case Report. Annual Meeting of the Society of Forensic Toxicologists, Fall 2009.

Lingamfelter D, **Knight LD**. Sudden Death from Massive Gastrointestinal Hemorrhage Associated with Crack Cocaine Use: Case Report and Review of the Literature. Platform presentation (Lingamfelter), Annual Meeting of the National Association of Medical Examiners, September 2008.

Knight LD, Collins KA. Intentionally-Induced Premature Labor Using Black-Market Misoprostol: A Case Report and Review of the Literature. Platform presentation, Annual Meeting of the National Association of Medical Examiners, October 16, 2006, San Antonio, TX.

Knight LD, Collins KA. A 25-Year Retrospective Review of Child Neglect. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Sept 13, 2004, Nashville, TN.

Knight LD, Presnell SE. Death by Sewer Gas: Case Report of a Double-Fatality and Review of the Literature. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Sept 20, 2003, San Jose, CA.

Knight LD, Hunsaker DM, Corey TS. Co-sleeping and Sudden Infant Deaths in Kentucky: A Ten-Year Retrospective Review. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Oct 2, 2002, Shreveport, LA. (Best Resident Paper)

Lugemwa FN, **Denison L**. Cytotoxic Effects of African Plant Extracts, Platform presentation, Memphis State University Undergraduate Research Conference, March 1995.

PUBLICATIONS (26)

Beutler BD, Moody AE, **Knight LD**, Ulmer PS, Guajardo AR, Christensen ED, Lu EX, Ulanja MB, Antwi-Amoabeng D, Schrader JA. LODOX: A review of whole-body, low-dosage, digital x-ray scanning in the emergency setting. Emergency Radiology. 2020 [Submitted]

Pilloud MA, Swenson VM, George RL, **Knight LD**. Patterns in Forensic Decapitations: A Review of the Literature and Case Report. *American Journal of Forensic Medicine & Pathology*. 2019. 40: 246-250.

Callahan K, **Knight LD.** The Pancreas in Child Abuse (Invited Review). *Academic Forensic Pathology*. June 2018. 8(2): 219-238.

Mittenzwei R, **Knight LD**. Hyponatremia Causing Sudden Death. *ASCP Case Reports*, FP 17-2. June 2017.

Labay LM, Caruso JL, Gilson TP, Jufer-Phipps R, **Knight LD**, Lemos NP, McIntyre IM, Stoppacher R, Tormos LM, Weins AL, Williams E, Logan BK. Synthetic cannabinoid drug use as a cause or contributory cause of death. *Forensic Science International*. 2016. 260: 31-39.

Knight LD, Batalis NI, Boggs C, Martin A, Pandey M, Shelly M. The Changing Landscape of Maintenance of Certification: History, Value and Evidence Base, and Future Impact on Forensic Pathology (Invited Review). *Academic Forensic Pathology*. Dec 2015. 5(4): 571-589.

Fleury M, **Knight LD**. A rise in fentanyl-laced heroin deaths. The New York State Poison Centers Toxicology Letter. July 2015. Vol XX, No. 3, pg 1-2, 5.

Knight LD, Stoppacher RS. Investigation of deaths and injury of prison inmates (Invited Review). *Academic Forensic Pathology*. 2014 Sept;4(3):351-365.

Patton A, Seely K, Pulla S, Rusch N, Moran C, Fantegrossi W, **Knight LD**, Marraffa J, Kennedy P, James L, Endres G, Moran J. Quantitative measurement of acetyl fentanyl and noracetyl fentanyl in human urine by LC-MS/MS. *Analytical Chemistry*. 2014 Feb;86(3):1760-6.

Carson HJ, Dudley M, **Knight LD**, Lingamfelter D. Psychosocial complications of Crohn's disease and cause of death. *J Forensic Sci*. March 2014. 59(2):568-570.

Hookano R, **Knight LD**, Brunelli R, Stoppacher R. Application of social network services in medicolegal death investigation. *J Forensic Sci*. November 2013. 58(6):1628-1632.

Back J, **Knight LD**. Parkour-related death: case report and review of the literature. *Academic Forensic Pathology*. Sept 2013. 3(3):329-335.

Lakis N, **Knight LD**. No. FP13-3: Retropharyngeal and parapharyngeal abscesses. *American Society for Clinical Pathology Case Reports*. 2013. 55(3).

Lichtenwalner M, Barba K, **Knight LD**, Johnson DG. Case Notes: Two cases involving fluoroamphetamines. *Tox Talk*. September 2012. 36(3).

Knight LD. Consistency vs. Cognition in Manner of Death Classification: 'But That's How I Was Trained!' (Invited Review). *Academic Forensic Pathology*. 2012 Jun. 2(2):108-109.

Sundberg A, **Knight LD**. FP12-3: AIDS at Autopsy. *American Society for Clinical Pathology Check Sample Series*. 2012. 54(3):23-38.

Rao VJ, Giles JC, **Knight L**. Forensic Pathology of Thermal Injuries. *Medscape Reference* (online). April 2011. http://emedicine.medscape.com/article/1975728-overview

Carson HJ, **Knight LD**, Dudley M, Garg U. A fatality involving an unusual route of fentanyl delivery: chewing and aspirating the transdermal patch. *Legal Medicine*. May 2010. 12(3):157-159.

Lingamfelter D, **Knight LD**. Sudden Death from Massive Gastrointestinal Hemorrhage Associated with Crack Cocaine Use: Case Report and Review of the Literature. *American Journal of Forensic Medicine and Pathology*. March 2010. 31(1):98-99.

Fleming S, Frazee C, Garg U, Dudley M, **Knight L**, Young T. Deadly Ingestion Involving Zolpidem, Clonazepam, and Ethanol: A Case Report. *ToxTalk*. 2009. 33(8):15-17.

Fleming S, Frazee C, Garg U, Johnson L, Dudley M, **Knight L**, Rao V. Toxciological Findings of Dicyclomine and Morphine in a Deceased Cancer Patient. *ToxTalk*. 2008. 32(1).

Knight LD, Collins KA. A 25-Year Retrospective Review of Child Neglect. *American Journal of Forensic Medicine and Pathology*. Sept 2005. 26(3):221-228.

Knight LD, Presnell SE. Death by Sewer Gas: Case Report of a Double Fatality and Review of the Literature. *American Journal of Forensic Medicine and Pathology*. June 2005. 26(2):181-185.

Knight LD, Hunsaker DM, Corey TS. Co-sleeping and Sudden Infant Deaths in Kentucky: A Ten-Year Retrospective Review. *American Journal of Forensic Medicine and Pathology*. March 2005. 26(1):28-32.

Lugemwa FN, **Denison L**. Benzyl-3-deoxy-3 (phenethylamino) β-L-xylopyranoside Synthesis. *Molecules* (online). 1998 April; 3 (3).

Lugemwa FN, **Denison L**. Synthesis of 3-Substituted Xylopyranosides from 2,3-Anhydropentosides. *Journal of Carbohydrate Chemistry*. 1997; 16(9): 1433-1443.

BOOK CHAPTERS (7)

Knight LD, Andrew TA, Eason EA, Landi K, Lear KC, McCleskey B, Pinneri K. Chapter 5, Autopsy. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Bundock EA, Eason EA, Andrew TA, **Knight LD**, Lear KC, Sens MA, Shapiro-Mendoza C, Warner M. Chapter 10, Death Certification and Surveillance. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Gunther W, Corey T, Crandall L, Drake SA, **Knight LD**, McCleskey B, Palusci VJ. Chapter 2, Historical Perspectives. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Hanzlick RL, **Knight LD**. Chapter 30, Medical Certification of Death and Cause-of-Death Statements. *Autopsy Performance and Reporting*, 3rd edition, College of American Pathologists Press, 2017.

Frost BE, Dukes GD, Maines SC, **Knight LD**, Davis GJ. Chapter 34, The Autopsy in Medical Education. *Autopsy Performance and Reporting*, 3rd edition, College of American Pathologists Press, 2017.

Knight LD. Chapter 33, Childhood Obesity. In: Collins KA, Byard R, eds. *Forensic Pathology of Infancy and Childhood*, Springer, New York, 2014.

Collins KA, **Knight LD**. Chapter 17, Pediatric Deaths. In: *Basic Competencies in Forensic Pathology: A Forensic Pathology Primer*, ASCP Press, 2006.

INVITED PANELS AND SESSIONS MODERATED

Invited Panel Member, "Learn to Lead in Forensic Pathology from Chief Medical Examiners", Workshop at the Annual Meeting of the National Association of Medical Examiners, October 21, 2019, Kansas City, MO.

Scientific Session Co-Moderator, "Pediatric Forensic Pathology and Cardiac Pathology", Annual Meeting of the National Association of Medical Examiners, October 21, 2019, Kansas City, MO.

Invited Panel Member, "Building Capacity for Investigations of Drug-Related Deaths", Nevada Opioid Response Summit, Las Vegas, NV, Aug 14, 2019

Scientific Session Co-Moderator, "Postmortem Changes", Pathology/Biology Section, American Academy of Forensic Sciences Annual Meeting, Seattle, WA, Feb 23, 2018

Invited Panel Member, "Science and the Law", Syracuse University, Nature of Science in Science Education course (SCE 614), Dr. John Tillotson, May 27, 2010

Invited Speaker and Panel Member, "From Loss to Hope" Sudden Infant Death Syndrome Conference, Metropolitan Community College-Penn Valley, Kansas City, MO, Oct 25, 2008

Scientific Session Co-Moderator, "Suicides & Gunshot Wounds", Pathology/Biology Section, American Academy of Forensic Sciences Annual Meeting, Washington, D.C., Feb 22, 2008

SELECT PRESENTATIONS AND LECTURES

Invited Speaker, Robert M. Brissie, MD Memorial Lecture in Pathology and Radiology, "Optimizing Medical Examiner/Coroner Cooperation with Organ, Eye, and Tissue Donation", University of Alabama Medical Center, Birmingham, AL, Dec 12, 2019

Invited Speaker, "Medicolegal Death Investigation and Organ/Tissue Donation". Donor Network West Donation Symposium, Reno, NV, Oct 23, 2018

Invited Speaker, Annual Phi Delta Epsilon medical fraternity Lecture, "The Perfect Storm: The Opioid Epidemic and Forensic Pathology Workforce Crisis", University of Nevada-Reno School of Medicine, Oct 20, 2018

Invited Speaker, "Investigation and Certification of Drug-Related Deaths". Nevada Attorney General's Law Enforcement Summit, Legislative Counsel Bureau, Carson City, NV, October 10, 2018

Invited Speaker, "The Science of What Happens After We Die" and "The Autopsy", Social Science: CSI event, The Discovery Museum, Reno, NV, Sept 22, 2018

Invited Speaker, "Introduction to Medical Examiners, Coroners, and the Medicolegal Investigation of Death", Nevada Association for Court Career Advancement, Reno, NV, Sept 20, 2018

Invited Speaker, "Sudden Infant Death & Sleep Environment: An Update on Safe Infant Sleep", Grand Rounds Series, Renown Regional Medical Center. Reno, NV, Oct 19, 2017

Invited Speaker, "Issues Surrounding Jail and In-Custody Deaths". Jail Symposium 2017, Washoe County Sheriff's Office. Reno, NV, Sept 29, 2017

Invited Speaker, "Forensic Pathology – The World of Medical Examiners and Coroners". Educational summit for gifted youth ages 7-17, Reno, NV, June 2017

Invited Speaker, "Mass Fatality Incidents". 6th Annual Rural Preparedness Summit, Fallon, NV, June 6, 2017

Invited Speaker, "Sudden Infant Deaths and the Relationship to Sleep Environment and Co-sleeping, with a focus on the breastfeeding relationship." Live Webinar, Mohawk Valley Perinatal Network, Utica, NY, February 23, 2017

"Sudden Unexplained Infant Death Investigation" with doll reenactment exercise. WCMEO Outside Agency Death Investigation Training Conference, Reno, NV, June 15, 2016

Instructor, "Basic Forensic Pathology, LAW 492-02" Course, Southern Institute of Forensic Science, Missouri Western State University, St. Joseph, Missouri, March 12-13, 2015. Topics of lectures: postmortem changes and decomposition, asphyxia, drowning, electrocution and lightning deaths, motor vehicle collisions, and child abuse and neglect.

"A Case of Carbon Monoxide Poisoning in a Child." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. Oct 9, 2014

Invited Speaker, "Youth Suicide Statistics", OnCare Full Stakeholder Meeting, Syracuse, NY, June 2, 2014

Invited Speaker, "Safe Infant Sleep: A Key to Preventable Sudden Infant Deaths." Family Medicine Grand Rounds, St. Elizabeth Medical Center, Utica, NY, July 16, 2013

"Demise of a pediatric myasthenic patient." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. July 11, 2013

Invited Guest Lecturer, "Toxicology and the Forensic Pathologist". FSC 453/653 Forensic Toxicology, instructor Dr. Mark Lichtenwalner, Forensic and National Security Sciences Institute, Syracuse University, Spring Semester, 2013, 2014, 2015

"The Autopsy, Postmortem Changes, and Decomposition: A Primer for Writers". ReaderCon 23rd Annual Conference on Imaginative Literature. Boston, MA. July 14, 2012

Invited Speaker, "Introduction to Forensic Pathology" and "Spontaneous Human Combustion: Fact or Fiction?" Central New York Chapter of Mensa. April 5, 2012

Invited Speaker, "Child Neglect: Far More Common than Abuse". New York State Association of Coroners and Medical Examiners, Spring Meeting, Buffalo, NY, March 24, 2012

Invited speaker, "Bedsharing and Other Unsafe Sleep Environments: An Update" and "American Academy of Pediatrics Expansion of Recommendations for a Safe Infant Sleeping Environment". Beyond Back to Sleep: Safe Sleep for a New Generation Conference, McMahon Ryan Child Advocacy Center, Syracuse, NY, January 25, 2012

"Two Overdose Cases: Patient with Bradycardia and Hypotension (Diltiazem), and an Interesting Fentanyl Case." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. October 20, 2011

"Anaphylaxis to Chemotherapeutic Agents" and "Hydroxychloroquine: Panacea or Poison?" Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. April 21, 2011

"Unusual Methods of Using the Fentanyl Transdermal Patch." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. January 20, 2011

Invited speaker, "Applying Infant Growth and Development to the Investigation of Infant Death" and "Pre-Autopsy Reporting and the SUIDI Top 25: Autopsy Findings in Sudden Infant Death." Sudden Unexpected Infant Death Investigation Training Seminar, Oswego County, NY. October 12, 2010

Invited speaker, "Applying Infant Growth and Development to the Investigation of Infant Death" and "Pre-Autopsy Reporting and the SUIDI Top 25: Autopsy Findings in Sudden Infant Death." Sudden Unexpected Infant Death Investigation Training Seminar, Broome County, NY. December 11, 2009

Invited speaker, Children's Mercy Hospital Toxicology Laboratory Continuing Education Seminar, Kansas City, MO. "Death by Sewer Gas: Hydrogen Sulfide Fatalities." May 14, 2009

"Child Neglect, Contrasting Organic Failure to Thrive." Faculty Journal Club, Department of Pathology and Laboratory Services, Children's Mercy Hospital, Kansas City, MO. Co-presented with Pediatric Pathology Fellow, March 3, 2009

Invited speaker, "Current Topics in SIDS Research." 'From Loss to Hope' Sudden Infant Death Syndrome Conference, Metropolitan Community College-Penn Valley, Kansas City MO, Oct 25, 2008

"Child Neglect Fatalities." Office of the Medical Investigator, State of New Mexico. University of New Mexico. Forensic Pathology Continuing Education Lectures. Albuquerque NM, June 15, 2007

"Renal Tumor in an Adolescent Patient: Differential Diagnosis." Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, Charleston SC, December 14, 2005

"Introduction to Forensic Pathology", South Carolina Governor's Scholars Program, Charleston SC, June 2004 and 2005

"The Long QT Syndrome: Another Forensic Application of Molecular Testing", Medical University of South Carolina, Cytogenetic and Molecular Pathology Joint Laboratory Meeting, January 28, 2005

"Postmortem Applications for Vitreous Humor", Medical University of South Carolina, Department of Pathology, Division of Forensic Pathology, Forensic Continuing Education Conference, October 6, 2004

"A 25-Year Review of Child Neglect Fatalities." Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, Sept 8, 2004

"Death by Sewer Gas: Case Report of a Double Fatality and Review of the Literature", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, October 8, 2003

"Postmortem Analysis of Vitreous Humor", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, April 16, 2003

"Stab Wounds and Other Sharp Injuries", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, June 5, 2002

"Antibacterial Agents from Lake Sediments", Student Affiliates of the American Chemical Society 20th Annual Area Collegiate Chemistry Conference, Murray State University, April 1997 (updated with additional results)

"Antibacterial Agents from Lake Sediments", Murray State University Department of Chemistry Seminar, Murray KY, Fall 1996

RESEARCH / GRANTS

Medical University of South Carolina, Department of Pathology, Clinical Chemistry Division

Spring 2003 — Primary Investigator
-Investigation of spurious values obtained in the analysis of forensic vitreous fluid samples for electrolytes; performed bench-side validation of a pre-analytical treatment to decrease error, and implemented process

Murray State University, Department of Chemistry

1994-1997 — Research Assistant to Fulgentius Lugemwa, PhD, Organic Chemistry
-Laboratory activities: to synthesize or purify compounds with cytotoxic or antimicrobial activity from natural sources,
-Student Research Grant ($3000) awarded by the Council on Undergraduate Research for "Antibacterial Agents from Lake Sediments" project, summer 1996

1995-1996 — Teaching Assistant, General Chemistry Laboratory

HONORS/AWARDS AND COMMUNITY INVOLVEMENT

NATIONAL:

President's Award, awarded by the National Association of Medical Examiners, 10/22/2019, "For Special and Ongoing Service".

AOPO Professional Leadership Award, 2018, awarded by the Association of Organ Procurement Organizations at the Annual Meeting of the National Association of Medical Examiners, 10/16/2018, "in grateful recognition of her outstanding and ongoing contributions through leadership and collaboration with the field of organ and tissue donation."

Forensic Leader of the Month, April 2018, awarded by the Association of Organ Procurement Organizations, "for outstanding leadership, innovative practices and success to make a difference in the field of donation and transplantation".

Outstanding Service Award, awarded by the National Association of Medical Examiners, 10/17/2017, "for outstanding service to NAME and significant contributions to the advancement of medicolegal investigation of deaths in the United States".

LOCAL:

Member, Reno-Tahoe Young Professionals Network, 2016-2017
Mentor to 3rd Year medical students, Career Advisory Dinner Event, The Medical Alumni Association of SUNY Upstate Medical University, January 9, 2012
Invited career mentor, Junior Achievement Young Women's Symposium. Syracuse, NY, April 9, 2010

Residency and Medical School

Medical University of South Carolina Hospital Authority, Blood Usage Committee, representative alternate, 2003-2005
Mentor, High School Mentoring Program, Forensic Pathology career path, January 2003
Best Resident Paper, "Co-Sleeping and Sudden Unexpected Infant Deaths in Kentucky: A Ten-Year Retrospective Review." 2002 Annual Meeting of the National Association of Medical Examiners

William M. Christopherson Pathology Award, University of Louisville, 2001
Parish B. Cleveland Achievement Award, University of Louisville, 2001
SOUL (Student Outreach at U of L) Award, 2000
Student Co-Director of Louisville Inner-City Family and Community Education Clinic at the Healing Place homeless shelter and detox program, 1998-99
Volunteer, Medical Supplies Over Seas (SOS) Program, 1998-99
Southern Medical Association Scholarship, 1997
Liza Spann Scholarship, 1997

Undergraduate
Garrison Scholarship, full tuition, all years
Robert C. Byrd Scholarship
Fraternal Order of Police Scholarship
National Elks Scholarship
Dean's List, High Scholarship, all semesters
Honors Program, University Scholar
Outstanding Freshman Chemist, 1994-95
Roberta Whitnah Scholarship for Outstanding Sophomore Chemist, 1995-96
Outstanding Senior Chemistry Major, 1996-97
All-American Scholar, 1996
Who's Who Among American College Students, 1996-97
National Merit Scholar Finalist

SELECT MEDIA/TELEVISION INTERVIEWS AND APPEARANCES

KSNV News 3 (Las Vegas, NV) phone interview, regarding COVID-19 and risk to Medical Examiners and Coroners, April 22, 2020.

Multiple media interviews, April 2018, regarding organ and tissue donation (Donate Life Month) and methamphetamine-related deaths in Northern Nevada.

Associated Press, phone interview for article on Unidentified Bodies and NamUs Identification System, 7/2017.

KOLO (Reno, NV), television news interview, "Heroin overdose clusters catch attention", aired March 2, 2017. http://www.kolotv.com/content/news/Heroin-overdose-clusters-catch-attention-415278923.html

Reno Gazette Journal (Reno, NV), newspaper interview on in-custody deaths, February 16, 2017, subsequently incorporated into feature/investigative article series.

Multiple stations (Reno, NV), television news interviews for grand opening of new Medical Examiner facility, January 18, 2017.

KOLO (Reno, NV), television news interview for "New Washoe Medical Examiner's facility nears completion"; aired Sept 26, 2016. http://www.kolotv.com/content/news/Medical-Examiners-facility-near-completion-394876761.html

KOLO (Reno, NV), television news interview for "Infant Deaths Blamed on Unsafe Sleeping Conditions"; aired Jan 22, 2016.

WCNY (Syracuse, NY), "Cycle of Health", interviewed in television segment on SIDS facts and prevention; aired May 28, 2015. http://www.wcny.org/television/cycleofhealth/

SPECIAL SKILLS

Able to detect cyanide by olfactory means

Nevada Statewide
Coalition Partnership

P.O. Box 20732
Carson City, NV 89721
775.450.7333

July 8, 2020

Dave Wuest, Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Mr. Wuest:

The Nevada Statewide Coalition Partnership (NSCP) is submitting this letter as public comment to the Board of Pharmacy public hearing to be held July 16, 2020. This public comment specifically addresses support of the scheduling of Kratom in Nevada.

When Kratom first appeared in retail establishments, there was confusion as to what this product was and the effects of its use. Coalitions across the state researched the origins of this product, how consumers were using it, the effects of usage by consumers, and the impacts of potential abuse. Recently, there has been a surge in the marketing of Kratom, resulting in increased abuse of the product.

Kratom can act as a stimulant or depressant, depending on the quantity taken, but is most often used to feel the same affects as heroin. The ease of access, challenges with drug testing, and false marketing claims make this product attractive to consumers, leading to over usage of the product and addiction. Scheduling Kratom would alleviate the misconceptions about this product and deter retail establishments from marketing it as an herbal supplement with no harmful effects.

In closing, the substance misuse prevention coalitions that are members of the Nevada Statewide Coalition Partnership, respectfully ask that you consider the harm this product produces and schedule this product.

Sincerely,

Linda Lang
Director

PARTNERSHIP Carson City
Education. Prevention. Results

1925 N. Carson St
Carson City, NV 89701
775.841.4730
Hannah@pcccarson.org
Pcccarson.org

Executive Secretary, Mr. Dave Wuest
985 Damonte Ranch Pkwy Ste 206, Reno, Nevada 89521

Dear Mr. Wuest and Nevada State Board of Pharmacy,

As Youth Program Coordinator of Partnership Carson City, Carson City's Substance Abuse Prevention and Education Coalition, I am writing to you to inform you of Partnership Carson City's (PCC) support to schedule the Kratom (Mitragyna speciose).

For nearly 10 years PCC has worked with local law enforcement, the Carson City Sheriff's Office, and retailers to educate on the risks of Kratom. Educational opportunities include training retailers on ID checking through Responsible Beverage and Purchasing Training, behind the counter placement to minimize theft by underage individuals and provide information on the substance itself to ensure understanding of Kratom all while encouraging the retailer to not sell the products. While our efforts persist, Carson City continues to see Kratom on its shelves.

In my role as Youth Program Coordinator, I work directly with the youth population of Carson City and have built a strong rapport in order to effectively educate and empower youth to become advocates of Carson City and the issues that surround them in our community. Kratom has become a topic that the youth of Carson City find to be a major emerging problem. With Kratom being readily available on the shelves of gas stations and many other stores that might attract youth, the accessibility is growing astronomically. Youth have reported directly to me that they are seeing more use of Kratom within their peers as another option to using opioids. While PCC respects the historical and traditional use of this herb, western tradition uses this substance as a recreational drug to fulfill and opiate like high that eventually becomes addictive. PCC strives to create a healthy community through prevention at this time the best course to take is prevention through the scheduling of Kratom. Thank you for your time and support on this matter.

Samantha Szoyka
Youth Program Coordinator

JTNN Join Together Northern Nevada
Building Partnerships for a Healthy Community

July 8, 2020

Directors of the Nevada State Board of Pharmacy:

As the Executive Director of Join Together Northern Nevada (JTNN), a nonprofit substance abuse prevention coalition in Washoe County, I'd like to provide public comment on the potential scheduling of the drug mitragynine (kratom). JTNN facilitates conversations to address substance use issues in the community and monitors drug trends to provide timely education and awareness about drugs of abuse to parents, teachers, youth and other community members.

JTNN staff first became aware of youth and others abusing kratom in Washoe County five years ago. Our office began to get calls from parents about an herb their kids were using, and we started hearing from students that they were purchasing kratom at convenience stores and head shops with the intent of getting high. They had figured out how to use it as a sedative or a stimulant, depending on their desired effect, and they also discovered the drug wasn't appearing on drug screens. Around the same time, we began hearing from our treatment partners about their clients who were addicted to kratom, withdrawing from kratom, or relapsing by using kratom. In the last year, our partners at Washoe County's Alternative Sentencing reported noticing their probationers were acting like they were high, yet not testing positive for any drugs. They implemented a 14-panel drug test and found a high percentage of their probationers testing positive for kratom. Alternative Sentencing does not allow the use of kratom, and they're concerned by their probationers who are suffering withdrawal right alongside those who abuse prescription opioids or heroin.

As you most likely know, there have been multiple reports of deaths throughout the country of people who had ingested kratom, in most cases with other substances. The Washoe County Medical Examiner began tracking decedents whose tox screens included mitragynine (kratom) in 2019 and providing that data in quarterly reports for which opioid-related and methamphetamine-related deaths are also reported.

As a substance abuse prevention coalition, our staff stays abreast of trends in the community by conducting environmental scans relating to the marketing and sales of alcohol, marijuana, vaping devices, and other products sold in various retail establishments. Recently JTNN staff conducted an environmental scan at a few head shops as well as a kratom-only shop to learn how kratom was being marketed. The persona of the head shop staff was that of a medical professional giving advice of how to use kratom to get a desired effect which contrasted with the dark, somewhat gritty nature of the stores visited. The kratom-only establishment visited

JTNN Join Together Northern Nevada
Building Partnerships for a Healthy Community

was clean and aesthetically pleasing. When walking into the store, JTNN staff were automatically transported into what feels like a health and wellness spa with a hint of matcha tea in the air. The establishment markets to the modern-day woman who needs something to take the edge off without any judgement. Upon greeting the customers, sales staff explain the amazing benefits of kratom from curing nausea, pain, and helping with sleep, to providing a "euphoric" feeling. During the visit JTNN staff asked several questions to which the answers are provided below.

- **Question: Can kratom get you high? Sales person's answer:** "No, it's natural so you don't get high, you just get a strong sense of euphoria." She said it's not possible to overdose on kratom, so keep taking it until you reach your "desired feeling." She said, "the worst thing that could happen is you get constipated or a little stomach pain."
- **Question: Can I mix my anxiety medication with kratom? Sales person's answer:** "You should talk to your doctor, but I take my anxiety medication and my pain medication for my back with my kratom and nothing bad has happened. "
- **Question: How do you consume kratom and is it safe to take before or after work? Sales person's answer:** "I take it everyday. You can mix it with coffee, put it in smoothies, or take it by the spoonful." She explained that even though kratom has sedative effects, users are still completely functional no matter what strain they use. She has taken kratom at work and is still able to assist the customers to her fullest ability and has driven under the influence of kratom and was completely fine.

I wanted to share this with you to give you an idea of how this drug is being marketed and sold in our community. JTNN staff concluded that shops like the ones mentioned above can be very harmful to average consumers who may not take the time to conduct their own research before being sold a drug that could potentially do harm through interactions with prescribed drugs.

It is JTNN's position that mitragynine (kratom) should be scheduled in the state of Nevada. From our interactions with youth, parents, treatment agencies, and Washoe County Alternative Sentencing, we have learned this is a drug being abused like other illicit drugs, and we do not believe it is safe for our community.

Sincerely,

Jennifer DeLett-Snyder
Executive Director

505 S. Arlington, Suite 110, Reno, Nevada 89509

July 10, 2020

To: Dave Wuest
Nevada Board of Pharmacy

Fr: PACE Coalition
Elko, Nevada

PACE Coalition is a community coalition in Elko County, Nev., and member of the Nevada Statewide Coalition Partnership.

PACE Coalition supports the scheduling of kratom, mitragynine, and 7-hydroxymitragynine for the following reasons:

1. Kratom has no FDA-approved medical application in the United States.
2. Kratom and kratom-derived products sold in Nevada lack adequate quality controls and standards.
3. Kratom's action on opioid receptors gives it a high likelihood of producing dependency and addiction.
4. Kratom's interactions with other drugs are not well studied, whereas it has been linked to several deaths in combination with other substances.
5. Deaths from kratom use alone are documented.
6. Claimed benefits by kratom users and vendors are anecdotal and unsupported by controlled scientific trials.
7. Kratom products have been linked to salmonella outbreaks.
8. Unacceptable levels of some heavy metals have been found in some kratom products.
9. Kratom use has been linked to liver damage
10. Kratom's effects are dose dependent. Without adequate controls over potency, users are unable to reliably manage the effects from their use.
11. Kratom's efficacy as a treatment for opioid dependence and withdrawals is not clearly established.
12. Regular kratom users experience varying degrees of withdrawal symptoms.
13. Those who use kratom for its opioid-like euphoria may be drawn to other opioid use.

Many safer, evidence-based options exist for those coping with pain. Another unregulated substance with safety concerns makes it more likely that some will try to self-medicate or avoid proper medical care for pain-producing conditions. Public safety decreases when people without proper training or experience experiment with unproven drugs or combinations of drugs.

For these reasons, PACE Coalition, favors scheduling kratom and its derivatives or synthetic analogs.

Sincerely,

Laura L. Oslund, Executive Director
PACE Coalition

Office of the Coroner/Medical Examiner

1704 Pinto Lane · Las Vegas NV 89106

(702) 455-3210 · Administration Fax: (702) 455-0416 · Investigations Fax: (702) 455-3101

John Fudenberg, Coroner · Brett Harding, Assistant Coroner

Medical Examiners

Lisa Gavin, MD · Jennifer Corneal, MD · Christina Di Loreto, MD · Chiara Mancini, DO · Jan Gorniak, DO

July 10, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Potential Nevada Board of Pharmacy Action to Schedule Mitragynine (Kratom)

Dear Executive Secretary Wuest,

As one of the senior Medical Examiners and having served as Lead Medical Examiner at the Clark County Office of the Coroner/Medical Examiner, I provide autopsy and death investigation services for Clark County as well as autopsy services to Nye County, White Pine County, Lincoln County and Mohave County (Arizona). I also review fatalities as a member and Co-Chair of the Clark County Child Fatality Review Team. My *Curriculum Vitae* is attached.

I write to you today to express my concern regarding the danger of the currently unregulated and unscheduled drug mitragynine to Nevada residents. This plant-derived alkaloid compound also known as Kratom has historically been utilized in Southeast Asia for its stimulant-like effects at lower doses and opioid-like effects at higher doses. The drug has found its way to the western world, including Nevada, and apparently can be obtained with ease in concentrated extract form via the internet by its users.

Despite the lack of clinical research to determine the safety and efficacy of mitragynine, its use has become more widespread, and the number of mitragynine-related fatalities in Southern Nevada has increased alarmingly over the past 4 years after being first seen in 2016. The following data include the year and number of mitragynine related deaths identified in that year: 2016 – 1 death; 2017 – 2 deaths; 2018 – 2 deaths; 2019 – 10 deaths; and as of May 2020 – 8 deaths for a total of 23 mitragynine related deaths (of note, these data reflect cases in which the manner of death was either accident or suicide). Mitragynine concentrations ranged from 10 ng/mL to 4800 ng/mL in postmortem blood.

To date in the Southern Nevada deaths observed, mitragynine is most frequently observed in combination with other opioid and depressant drugs, both prescription and illicit. The combination with illicit drugs in particular suggests mitragynine is being used recreationally, as a drug of abuse, rather than in any therapeutic fashion. Its safety and efficacy have not been assessed, and the potency of the alkaloid in various plant extracts and powders is likely highly variable. Mitragynine (Kratom) presents a danger to Nevadans and should be designated schedule I, having no currently accepted medical use and a high potential for abuse.

Respectfully,

Lisa Gavin, MD, MPH
Medical Examiner/Forensic Pathologist
Clark County Office of the Coroner/Medical Examiner

BOARD OF COUNTY COMMISSIONERS

MARILYN KIRKPATRICK, Chair · LAWRENCE WEEKLY, Vice-Chair
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YOLANDA T. KING, County Manager

1704 Pinto Lane
Las Vegas, NV 89106
702.455.3210
LGavin@ClarkCountyNV.gov

LISA GAVIN, M.D., M.P.H.

CURRENT POSITION

Forensic Pathologist (Medical Examiner), 2009 to present
Clark County Office of the Coroner/Medical Examiner, Las Vegas, Nevada

---

TRAINING AND EDUCATION

Forensic Pathology Fellowship, 2008 to 2009
Office of the Chief Medical Investigator, Albuquerque, New Mexico

Surgical Pathology Fellowship, 2007-2008
Hartford Hospital, Hartford, Connecticut

Anatomic & Clinical Pathology Residency, 2002 – 2007
Hartford Hospital, Hartford, Connecticut

Post-Sophomore Fellowship in Pathology, 2001 – 2002
University of Connecticut Health Center, Farmington, Connecticut

Medical Degree, 2001
University of Connecticut School of Medicine, Farmington, Connecticut

Master Degree of Public Health, 1994
Columbia University School of Public Health, New York, NY

Bachelor of Arts with Honors, 1991
Mount Holyoke College, South Hadley, Massachusetts

CERTIFICATION

Anatomic Pathology, May 2015

Forensic Pathology, September 2015

Actively participating in **Continuing Certification** (Maintenance of Certification)

MEDICAL LICENSE

State of Nevada, 2009 – present (unrestricted)

State of New Mexico, 2008 – 2010 (unrestricted)

WORK AND EDUCATION EXPERIENCE

Adjunct Professor (Clinical Precept, 2011 – present)
Touro University School of Medicine, Henderson Nevada

Acting Lead Medical Examiner, June 2017 – April 2019
Clark County Office of the Coroner/Medical Examiner, Las Vegas, Nevada

Manager/Supervisor of the Forensic Division (including the Forensic Pathologists) during the Mass Fatality (Mass Shooting) 1 October 2017 (Route 91 Harvest Country Music Festival) Incident

Preceptor for Medical Students, January – June 2017
Western University of Health Sciences College of Osteopathic Medicine of the Pacific

Teacher of "Correlated Medical Problem Solving" Course, 2001 – 2002
University of Connecticut School of Medicine, Farmington Connecticut

Manager of South Marshal Street Pediatric Clinic, 1995 – 1997
Salvation Army, South Marshall Street, Hartford Connecticut

Administrative Assistant to the Director of Admissions & Career Development and to the Director of Academic & Student Affairs, 1992 – 1994
Columbia University School of Public Health, New York, NY

Tutor & Evaluator of Children with Learning Disabilities, 1988 – 1994 & 1996 – 1997
Milford, Connecticut & Farmington, Connecticut

Research Assistant Department of Pediatric Cardiology, Yale University School of Medicine Summer 1992

Coordinator of Infant Registration Project, 1991 – 1992
New York City Department of Health: Office of Child Health Planning, New York, NY

Research Assistant Department of Pediatric Endocrinology, Yale University School of Medicine Summer 1991

Intern at Lipid Clinic Department of Pediatrics, Yale University School of Medicine Summer 1990

CONSULTATION AND AREA OF INTEREST

- Sworn in as Expert in Strangulation in the Eighth Judicial District Court in Clark County, Nevada
- Review cases and provide consultation for Prosecution and for Defense in Domestic Violence Cases, particularly Strangulation

INVITED LECTURES AND TEACHING

Annual presenter for the Strangulation Seminar
Las Vegas, Nevada 2016 – present

Annual presenter for Bring Your Child to Work Day at Clark County Coroner/Medical Examiner Office 2010 – present

Presenter at the International Association of Coroners & Medical Examiners Conference, 2015, 2016, 2017, 2018, 2019

Lecturer for Introduction for Criminal Investigations Class at the University of Las Vegas Department of Criminal Justice November 2018; September 2019

Presenter for the 2nd Annual Richard C Froede Memorial Forensic Pathology Lecture at the 38th Annual Meeting of the Mountain, Desert, and Costal Forensic Anthropologist Meeting, May 2018

Presenter for American Academy of Forensic Sciences at CSI Mini Camp (Community Outreach During AAFS 2016 Annual Meeting) at Las Vegas Natural History Museum February 2016

Lecturer in Monthly Investigator Training Sessions, Clark County Office of the Coroner/Medical Examiner 2016

Regular Lecturer at the Veterans Tribute Career and Technical Academy 2012 – present

Lecturer for Pulmonary Laboratory Sessions at the University of New Mexico School of Medicine April 28 – 29, 2009

Lecturer at Seminar on Death Investigations, New Mexico Office of Medical Investigator August 2008

Presenter at Pediatric Tumor Board, Adult Tumor Board, and, Breast Tumor Board Hartford Hospital, Hartford Connecticut 2006 – 2008

Guest speaker for Public Relations Department at Hartford Hospital for local middle-school children

EXTRAMURAL PROFESSIONAL ACTIVITIES

Active member of Monthly Clark County Child Death Review 2017 – present

Active participant in the Nevada Donor Network and Clark County Office of the Coroner/Medical Examiner quarterly meetings 2017 – present

Assisted in conducting interviews for positions within the Forensics Division of the Clark County Office of the Coroner/Medical Examiner 2017

Assisted in conducting interviews for Assistant Coroner of the Clark County Office of the Coroner/Medical Examiner 2017

Continuing Education Chair for American Academy of Forensic Sciences 2018 – present

Local Arrangements Chair for American Academy of Forensic Sciences 68th Annual Meeting

SERVICE WORK AND OTHER

Interviewed for (and featured in) special Crime Lab exhibit for the Mob Museum Las Vegas, Nevada

Guidance to Medical Technician Students, College Students and High School Students interested in future careers in Medicine

Editor of personal statements and resumes, particularly for those interested in the field of forensics and in medicine

Guest with concentrated study at Infectious Disease Pathology Branch, Centers for Disease Control and Prevention, Atlanta, Georgia May 4 – 6, 2009

Attended Seminar on Death Investigations and Multiple Fatalities presented by The New Mexico Office of the Medical Investigator, Albuquerque, New Mexico August 2008

Annual Host for summer high-school student tours of Hartford Hospital Department of Pathology Hartford, Connecticut

Education of Medical Students & Residents on rotation in Hartford Hospital Department of Pathology Hartford, Connecticut

Resident Representative for the ACGME (Accreditation Council for Graduate Medical Education) Hartford Hospital Hartford, Connecticut

Delegate for the Connecticut Society of Pathologists

Lecture (Unknown Case Presentation) Focal Nodular Hyperplasia for the Connecticut Society of Pathologists

Manager of South Marshall Street Clinic in Salvation Army's South Marshall Street Shelter in Hartford, Connecticut

Educator for Hartford Health Education Program through the University of Connecticut School of Medicine

(continued, next page)

	Served as Present of Student Government Association Columbia University School of Public Health
	Served as Hall President at Mount Holyoke College
	Served as Student Advisor at Mount Holyoke College
	Volunteered at Operation Hope: A Shelter for the Homeless
MEMBERSHIPS	American Academy of Forensic Sciences (AAFS), 2009 – present
	National Association of Medical Examiners (NAME), 2010 – present
	International Association of Coroners & Medical Examiners (IAC&ME), 2010 – present
	American Society for Clinical Pathology 2002 – 2008, 2010 – 2013, 2018 – present
	College of American Pathologists 2002 – 2009, 2015, 2018 – present
	United States and Canadian Academy of Pathology 2005 – 2007
	American Association of Blood Banks 2006
AWARDS AND SCHOLARSHIPS	Donation Champion, from Nevada Donor Network, 2018
	Kenneth S. Field Award of Appreciation, from AAFS Staff, 2016
	Dr. Beckett Book Award, 2007
	Martin Berman Immunopathology Award, 2007
	Bloomberg Award for Psychiatry, 2001
	UCONN Women's Auxiliary Scholarship, 1995
	Frank & Florence Marino Scholarship, 1995 & 1996
	Student Government Service Award Columbia University, 1993
	Michael F. DelVecchio, Jr. Scholarship, 1992
	Juvenile Diabetes Foundation Summer Student Scholarship, 1991
	Elected into Mount Holyoke College Chapter of Sigma Xi the Scientific Research Society, 1991
	Margaret Altman Summer Internship Scholarship, 1990

RESEARCH EXPERIENCE AND PUBLICATIONS	Feder HM Jr, Solomon B, Gavin LD. "Polyoma Virus Hemorrhagic Cystitis in an Otherwise Normal Child" Pediatric Infectious Disease Journal, 2008 Oct; 27(10):948-9. Metastatic Testicular Choriocarcinoma in a Young Male with Abdominal Pain, 2007Hartford Hospital Department of Pathology & University of Connecticut Department of Internal Medicine Inter-observer Variability in Diagnosing Colon Biopsies as Indefinite for Dysplasia, 2006 Hartford Hospital Department of Pathology Susceptibility of Streptococcus Pneumoniae to Moxifloxacin and Other Antimicrobial Agents, 2004 Hartford Hospital Department of Pathology & Laboratory Medicine Active researcher and editor on publication (with acknowledgement) ~ Whittemore R, Wells JA, Castellsague X. "A second-generation study on 427 probands with congenital heart defects and their 837 children" Journal of American College of Cardiology, 1994 May; 23(6):1459-67.
RESIDENT AND FELLOW TOPICS	Two Unusual Neuropathology Cases, January 2008 Testicular Germ Cell Tumors, October 2007 Waldenstroms Macroglobulinemia, October 2005 Minimal Change Disease & Focal Segmental Glomerular Sclerosis, October 2004 Crescentic Glomerulonephritis or Rapidly Progressive Glomerulonephritis, January 2004 Mitral Valve Prolapse and Sudden Death, July 2003
COURT TESTIMONY	See separate attachment.

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Agenda Item 31 C -- Workshop

From: Mac Haddow <mhaddow1@verizon.net>
Sent: Thursday, July 16, 2020 8:18 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: pete.candland@americankratom.org
Subject: Agenda Item 31 C -- Workshop

Dave:

My apologies for the late communication on Agenda Item 31 C that is apparently going to be discussed at the ongoing meeting of the Board of Pharmacy.

I had not been aware of the discussion on this topic until this morning regarding the proposal for the Board to consider placing kratom's alkaloids on the Schedule I list in Nevada. The American Kratom Association would welcome the opportunity to have a discussion as early as possible on this issue because we believe the current and emerging science argues persuasively against this position. Similar efforts were undertaken in Arizona (that led to the passage of the Kratom Consumer Protection Act in that state), and in Ohio where the recommendation was withdrawn after extensive review of the issue.

As you know, Nevada also passed the KCPA last year.

I don't know if there is an opportunity to participation the meeting this morning remotely, but would be glad to join if that is possible.

In any event, we believe a policy discussion would help to inform you on the background of this issue.

I will stand by for your guidance.

Best regards,

Mac

AMERICAN KRATOM ASSOCIATION

C. M. "Mac" Haddow
Senior Fellow on Public Policy
571-294-5978 | mhaddow@americankratom.org
www.americankratom.org

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Kratom ban

From: Forrest Platt [mailto:fmplatt@gmail.com]
Sent: Wednesday, July 22, 2020 11:50 AM
To: Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Kratom ban

Hello

As a Nevada resident and taxpayer I ask that the pharmacy board does not proceed with trying to ban kratom because it is relatively benign and provides a lot of help for a lot of people in tough situations. I have never experienced any danger from taking kratom, and I know many responsible adults who find it helpful. I have a friend who died from opiate overdose, and had I known he was taking opiates, and could go back in time, I bet kratom could have prevented him from overdosing. It's not only opiate addicts who can benefit, and I believe research and regulation would prove this to be true.

Thank you for your time.

--
Forrest Platt
2160 Carlin St.
Reno, NV 89503
(530)412-0577
fmplatt@gmail.com

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Question and Remarks on Kratom.

From: K C [mailto:cabpark@gmail.com]
Sent: Thursday, July 23, 2020 8:51 AM
To: Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Question and Remarks on Kratom.

Hello,

It's recently come to my attention that there seems to be some sort of push to ban kratom, by the Nevada Board of Pharmacy. Is this actually something that's being considered? Considering the KCPA and the many legal battles that have been one in the favor of the right to use kratom, I think this is an extremely short signed and terrible idea, with all due respect.

This is not a single demographic, either. There are tens of thousands of regular kratom users in Nevada. And hundreds of thousands that have tried it. The welfare of our state has not been harmed by it. It has, however, benefited in uncountable ways.

I say this with absolutely zero hyperbole. There will be blood on the hands of anyone pushing for a ban. This is a plain fact. I know these communities. I've worked with them. Seen the progress of people stopping more harmful drugs like heroin and excessive alcohol use. They've gone from homeless in some cases, to middle class taxpayers that follow the law. What do you think will happen when the rug gets pulled up from under them? It won't be suboxone or methadone. Many have already tried that and failed. Kratom allows them to work, to live their lives. For once. And taking that away would mean not only legal battles with the AKA and other groups against Nevada, but also lives shattered.

I can't believe this is being proposed in the Silver State. I've always taken pride in it being one of the most free states in the country. I know kratom users from 20 years old with anxiety and pain, to 80 year olds that don't want to use typical opioids from the doctor. I believe they all have the right to their body, just as you do, correct? I just want whoever is reading this to really think about what they're doing here. Numerous battles like this have been debated around the country, and they almost always come out with kratom on top, including reversals of laws, and lawmakers saying they didn't understand.

I'm sure you're receiving other mail about this. This is one of the very few letters I have written in this fashion, so I apologize if it's a little lengthy. But kratom is not some party substance. It's not like "spice" or "bath salts". Those things were rightly banned, as are the designer drugs on the list. But kratom has nothing to do with that. At all.

Please take this into consideration. The ramifications of this choice are very, very large. Lives are at stake.

Thank you for your time. Sincerely,

K. C.

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Kratom ban

From: David Douglass <dedglss@outlook.com>
Sent: Sunday, July 26, 2020 4:22 PM
To: Pharmacy Board
Subject: Kratom ban

Dear BOP members,

I am writing to you today to express my disappointment in your decision to try and make Kratom a schedule 1 narcotic. Myself and many I know have had this plant save their lives. Without it I don't know if I or my loved ones would be here today. Take the time to rethink your decision and listen to all of the people that Kratom has helped. I am afraid if a ban goes into existence many I know would go back down a dark path that Kratom had pulled them out from. Thank you for your time.

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Hello , question

From: Konrad Maguin <konradrm@gmail.com>
Sent: Friday, October 16, 2020 4:46 PM
To: Pharmacy Board
Subject: Hello , question

I am a Kratom advocate because it has saved my life and has kept free of opiates for 7 years now
I'm reading a bulleting that despite the KCPA signed in September 2019, that lawmakers are still trying to make Kratom a schedule 1 drug.
Is this true?

Kristopher Mangosing

To: Kristopher Mangosing
Subject: RE: Kratom Amendment 453.510

From: Heather McCusker <mccuskerh@gmail.com>
Sent: Saturday, May 8, 2021 9:23 AM
To: Pharmacy Board
Subject: Kratom Amendment 453.510

Good morning,

I am in favor of the proposed amendment.

Please provide next steps and timing expectations in regards to adding the (2) active compounds NAC 453.510.

Thank you,
Heather McCusker

On Wed, Jan 6, 2021, 5:58 PM Heather McCusker <mccuskerh@gmail.com> wrote:

Happy New Year!

I am in favor of the proposed amendment.

Please provide next steps and timing expectations in regards to adding the (2) active compounds NAC 453.510.

Thank you,
Heather McCusker

On Mon, Dec 28, 2020, 10:51 PM Heather McCusker <mccuskerh@gmail.com> wrote:

Good morning,

I am in favor of the proposed amendment.

Please provide next steps and timing expectations in regards to adding the (2) active compounds NAC 453.510.

Thank you,
Heather McCusker

C. Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I (Two

active compounds in Kratom (Mitragyna speciosa korth)). The proposed amendment to NAC 453.510 will add Mitragynine (some trade or other names: methyl (E)-2-[(2S,3S,12bS)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate; αE,2S,3S,12bS)-3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; (E)-16,17-didehydro-9,17-dimethoxy-17,18-seco-20α-yohimban-16-carboxylic acid methyl ester; 9-methoxy Corynantheidine) and Hydroxymitragynine (some trade or other names: 7-hydroxymitragynine, (αE,2S,3S,7aS,12bS)-3-ethyl 1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; 9-methoxycorynantheidine hydroxyindolenine; mitragynine hydroxyindolenine), to the list of controlled substances listed in Schedule I.

Mr. Wuest reported to the Board that the Crime Lab has seen an increase in Kratom related issues. He explained that the proposed amendment would make both components of Kratom a Schedule I drug.

Mr. Kandt read into the record the written public comment submitted by Laura Knight expressing support of the proposed language.

Mr. Dodge read into the record the written public comment submitted by Join Together Northern Nevada expressing support of the proposed language.

President Park opened Public Comment.

Jamie Ross, PACT Coalition, expressed concern related to community-based issues that revolve around the ease of access to Kratom. Mr. Ross expressed support of the proposed amendment.

Robert Vikre, PACT Coalition, expressed support of the proposed amendment. He explained that in his job as an addiction therapist he has observed many patients turning to Kratom as a way to self-treat opioid dependence.

Board Action:

Motion: Jade Jacobo moved to accept the proposed amendment and move forward to Public Hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Kristopher Mangosing

Subject: RE: Kratom saved my life

From: Doug Gonsalves <dmgonsalves@yahoo.com>
Sent: Sunday, May 16, 2021 10:06 AM
To: Pharmacy Board
Subject: Kratom saved my life

Hi,
I'm writing to ask to please let Kratom be legal in NV.
Im a recovering drug addict and have been using Kratom safety for over 12 years now.
I use it everyday.I work 40 hours a week.
Before I found Kratom I relapsed 2 times,been totally sober since finding Kratom.

So please leave Kratom alone my life depends on it

Thank you
Doug Gonsalves
702 890 6732

Sent from Yahoo Mail on Android

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Kratom

From: Albert Bass <albertb@nyecc.org>
Sent: Wednesday, July 7, 2021 12:01 PM
To: Pharmacy Board
Subject: Kratom

Hello , I was wondering what the current status is on Kratom and what are the expected regulations to come. Thank You!

From: JD <jdxen8185@gmail.com>
To: pharmacy@pharmacy.nv.gov

Content expires Apr 6, 2022

Regarding 14th hearing on possible kratom ban

Mar 30, 2022, 6:45:29 AM

Hello, I wanted to send a comment regarding the hearing on a pending kratom ban in Nevada. Kratom is incredibly misunderstood and the American Kratom Association has a lot of great info to dispel the myths. I have personally used kratom for about 10 years in its natural powder form (which is just the leaves ground up) land t is very safe if used properly. I use it primarily for pain management, which is a much safer alternative to prescription pills and other opiates which kill thousands of Americans every year.

Anything can be abused, but if properly used it is a natural and safer alternative to prescription opiates which are a REAL epidemic in this country. The "kratom-related deaths" that have been reported (which are a TINY fraction compared to the opiate deaths every year) show in the toxicology reports that these individuals often have multiple substances in their system, which is never recommended for responsible kratom usage. But every day in this country there are thousands, maybe even tens of thousands, of people like myself who responsibly use kratom powder for pain management, anxiety relief and general sense of well-being. Banning it will just force these people to seek illegal alternatives like opiates which literally kill thousands of Americans every year.

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Positive impact

From: Julie LaFray <jtorrez27721@gmail.com>
Sent: Wednesday, March 30, 2022 8:09 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Positive impact

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi,
My name is Julie. I'd like to send my support for keeping Kratom legal.
As a community advancement supporter, it is pertinent that we do not take steps backwards.
Unfortunately, my father died of cancer. The quality of his life would have been better than anyone dying could have ever dreamed. Unfortunately, we where not aware of the benefits of kratom at that time. I wish I could have helped him... but now I can help others gain an astonishing quality of life. If nothing at all... at least promote the life changing benefits of kratom. Banning kratom is simply not the answer.

Thank you for your time,
Julie

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Kratom

From: Scott Seid <sbs322@aol.com>
Sent: Tuesday, March 29, 2022 6:06 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Why are you guys trying to make kratom a schedule 1 drug? You want to drive more people to fentanyl ? What is the causation behind this proposal? I assume you want to dispense more of your own narcotics. Super fucked up people who rely not this for pain control and anxiety control are going to become worse off. This some kind of a sick joke?
Sincerely,
A person who uses kratom to be and effective member of society after having medical intervention on my knee and now was made worse

Sent from my i

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom ban.

From: Wesley Crawford <hippywescrawford@gmail.com>
Sent: Wednesday, March 30, 2022 7:49 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom ban.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I can't why anyone in their right mind would wish to see an all natural alternative to extremely dangerous and addictive pharmaceutical drugs banned!!! It's a plant for God's sake.... Like cannabis..... Hello... Unless y'all are being paid off by big Pharma... Seriously. Anecdotally Kratom has saved my life and countless countless countless others. I personally was on so Loft Percocet thirties and value. I am on none of those substances today thanks to Kratom and medicinal cannabis.

Your everyday individuals (citizens of Nevada) are dealing with depression anxiety and chronic pain all the way to our troops who served our country in our military that have PTSD and have had limbs blown off in battle. Why would you take away their choice to not take dangerous pharmaceutical substances that are highly addictive like percocet Oxycontin oxycodone all the other opiate pain relievers that caused massive addiction death overdose and cause people to become a street drug junkies when the prescriptions are pulled. Not to mention it works for anxiety so you don't have to take benzodiazepines like Xanax or Klonopin which are both again highly highly addictive extremely dangerous and cause death in overdosed situations. Now last I checked this is the United States of America no matter what state you live in it is the United States of America. In this country we are supposed to be able to have decisions to make, multiple different things to choose from.

You are taking every resident of Nevada's power of decision and right to not take dangerous man-made chemicals and pharmaceuticals away.

I know a great many people that have switched to kratom for a regimented schedule in order to battle their chronic pain depression and or anxiety. They have chosen to not be zombified Pharmaceutical individuals. I personally have gotten countless people off of the dangerous Pharmaceuticals that doctors had prescribed. They did not need them. But they needed something to help them get off of these dangerous addictive drugs instead of other dangerous addictive drugs like Suboxone and Subutex. Which people are put on for life and they should only be used for a 3 to 5 day window to battle withdraw. No human being should be on Suboxone for life. Or methadone!!! That is big pharmaceutical companies sinking their vampire teeth into mainstream Society via people's primary care physicians. It's a fact it's not up for debate it's been proven over and over again.

Now let's tackle the topic of Kratom overdoses.😂 That statement is an oxymoron. You cannot overdose and die from Kratom alone. Every single overdose that has happened where Kratom is involved I'll bet my life multiple other substances were involved and they actually triggered and caused said overdose not the kratom. Kratom does not bind with the receptors in the brain that regulate breathing heart rate and other involuntary life-sustaining situations internally. They simply don't bind with those receptors so it is scientifically impossible for Kratom to cause an overdose where someone dies from either asphyxiation or heart attack which is what happens with all the other drugs I've listed here. If you have cannabis legal in any way whatsoever you must keep Kratom legal in at least the exact same capacity if not far more lenient. Just because you guys aren't making millions of dollars off of regulating Kratom doesn't mean you have to ban it. It means you're not making money off of it and oh golly G poor poor poor state of Nevada how they're not making money off of Kratom but yet they have legalized gambling Which is far more addictive and has ruined far

more lies than Kratom ever could possibly dream of harming. And I'm sure you're making enough off of gambling alone. Let along cannabis....
You guys have a major methamphetamine problem in that state you should focus on that instead of trying to ban a helpful natural alternative to harmful addictive pharmaceutical substances.
What you should do as you should attempt to spread more knowledge real scientific factual knowledge about Kratom not misinformation and propaganda put out by pharmaceutical companies. Legitimate information with scientific backing. So that people are informed and can make adult decisions which is what this country is founded upon. Please stop taking constitutional rights away from anybody ever by Banning substances any of them actually. Every time a substance is banned it makes the demand for it quadruple and then the black market is flooded with millions and millions of dollars for whatever product you guys band. You guys have not seen the pattern yet? If you haven't I think you guys need to go back to school. Because a third grader could see the pattern here. Go back and look at every single time any substance has ever been banned and look at the demand for it quadruple the day it is banned. So moving forward it is completely childish and unconstitutional to ban kratom in any way shape or form in your state or any other state in the United States of America for that matter. I think you guys need to start looking at scientific data not the lobbyist fat pockets. And if by some chance this reaches an actual politician, you're supposed to be in touch with the common man not rich lobbyists and pharmaceutical company CEOs and investors. Represent the common man that doesn't want to take dangerous pills and wants to use a natural plant as an alternative. And if you're a God-fearing individual stop trying to regulate or do anything to any natural plant and seeming to think that humans can do it better. God made cannabis God made Kratom stop thinking that you a fallible human being can make it better. It's here for a reason it's not here for you to control or band. It's here for humans to benefit from. Again that's a fact I hope you guys can see the truth of what I have said and I hope you guys make the right decision to let Kratom be a safer alternative to the dangerous pharmaceutical products that are being shoved down almost all Americans throat by the big pharmaceutical companies through their primary care physicians. Thank you for reading this have a fantastic day God bless

Sincerely
Wesley Crawford

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom Ban

From: Jennifer Bartlett <jenniferbartlett08@gmail.com>
Sent: Wednesday, March 30, 2022 7:39 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern,

I am a 59 year-old high school math teacher, mother of 4 , and grandmother of 11. I have a master's degree in my field. Eight years ago I experienced the most excruciating pain in my neck. After an MRI I was told I had Degenerative Disc Disease and it would never get completely healed. I did physical therapy for 2 years and took Tramadol, Flexeril, and different prescription anti-inflammatory drugs daily. I also took multiple rounds of medrol and prednisone and had injections including medial branch blocks every couple of months. My stomach was constantly upset and I was still in constant pain.

I did not want to take an actual opioid daily because I have to be able to be clear enough to teach precalculus. I researched for months, and found kratom. I stopped going to pain management, with their blessing, to try kratom and CBD. The CBD did not work for me, but the kratom did. I've taken kratom daily for 4 years. I've never been high, and my pain has been managed appropriately and effectively. I understand the kratom industry takes money away from the big pharmaceutical companies, and they have a lot of influence, but you would be doing the citizens of your state a grave disservice by banning this amazing plant from the coffee family. Please listen to me, and to other people who use kratom to increase their quality of life, and do not ban it. Instead, please regulate the industry so that consumers are protected from contaminated products.

Sincerely,
Jennifer Bartlett

--
Jennifer Bartlett, M.Ed.

"The function of education is to teach one to think intensively and to think critically. Intelligence plus character - that is the goal of true education."

Martin Luther King, Jr.

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom

From: marleenisbell <marleenisbell@yahoo.com>
Sent: Wednesday, March 30, 2022 7:37 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom this may cocern, Kratom helps me very much with my health issues and I wouldn't want to ever live in a state that didn't allow me to take care of my health naturally and avid pharmaceuticals.Thank you,Marleen Isbell

Sent via the Samsung Galaxy S10e, an AT&T 5G Evolution capable smartphone

Kristopher Mangosing

To: Yenh Long
Subject: RE: Please Do Not Ban Kratom!!

From: Jennifer Kottcamp <elwellj824@hotmail.com>
Sent: Wednesday, March 30, 2022 7:32 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Please Do Not Ban Kratom!!

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Please do not ban Kratom. It is the only non narcotic pain reliever that we cannuse to help with back and knee pain due to arthritis.

Thank you!
Jennifer and David Kottcamp

Sent from my T-Mobile 4G LTE Device
Get Outlook for Android

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom ban

From: Joe Alexander <jalex425@gmail.com>
Sent: Wednesday, March 30, 2022 7:19 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

I understand that there will be a public hearing about changing Kratom to a schedule one drug. This is one of the most silly things ever. You can tell that the people that want to do this have no idea what this is. After the Covid scam it is obvious that pharmaceuticals will ban anything that is helpful that they do not have going through their companies. Kratom is the most benign herb that helps with a plethora of symptoms. It does not cause you to get high or even feel out of control. The reports of people overdosing are obviously concocted for a narrative similar to the Rolling Stone story of all of the Ivermectin overdoses clogging the emergency rooms. You people are reprehensible and should be stopped as a public menace. Get serious for once in your life and quit pushing papers and actually help somebody. It might change your life for the good.

Joe

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom Ban

From: Donnie Allen <donnie_allen10@icloud.com>
Sent: Wednesday, March 30, 2022 7:13 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern. Please do not ban kratom. It has saved me from a life full of addiction and pain. I have become a productive taxpayer of our community since I began using kratom and getting off harmful opioids. It's a leaf. Nothing more, nothing less. Please keep it legal.

Donnie
Sent from my iPhone

Kristopher Mangosing

To: Yenh Long
Subject: RE: Comments Regarding Nevada Kratom Ban

From: Mark Bartos <mbartos39@gmail.com>
Sent: Wednesday, March 30, 2022 7:10 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Comments Regarding Nevada Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

It is my understanding that this email address is where I may submit comments regarding the considered ban of Mitragyna Speciosà in Nevada. I would like to express my strong opposition to this ban.

Kratom is something that I have used for 3.5 years to provide relief from anxiety and to give me the peace of mind to pursue goals in my life. I am someone who does not react well to most prescription medications, so Kratom has been an excellent source of stress relief for me. It allows me to worry less, socialize more, and feel good about the choices I am making in my life.

In all of my time using Kratom, I have never faced any adverse effects from it, other than gastrointestinal discomfort one might also experience from coffee or spicy food. In fact, I have specifically had bloodwork done to see if Kratom had caused any problems that I might not be aware of. I am attaching a copy of my bloodwork below, so that any medical staff advising you on this ban may be aware of the effects that Kratom has had on my body. Keep in mind, this bloodwork is the result of three and a half years of daily use. In short, Kratom has not caused any harm to me, and my bloodwork shows that I am in excellent health.

I have seen Kratom on the chopping block many times, and it always brings about a lot of frustration in me. Those who wish to ban Kratom are the ones who have never tried it, do not know what it is, and cherry-pick cases where Kratom has caused problems for people and misconstrue those problems to be something other than what they truly are. I have seen Kratom considered for Schedule I in the past. That would place it on the same level of severity as heroin. This is absurd to me. I use Kratom every day and I am able to hold a stable job. Kratom has zero effect on my ability to function, aside from the fact that it IMPROVES my mood and sociability.

People who make these laws have no experience with Kratom and no idea what it actually does for a person. When you consider banning this supplement, listen to the advice of those who have real-world experience with it, rather than listening to the people who don't have any experience and only hear the scare-tactic stories about the plant.

Banning this plant would be a detriment to its users who have found great benefit from it. You would not be doing anyone a favor by pursuing this ban.

Mark Bartos

Cumulative Report

Patient:
Patient #:
Birth: 1999 Age: 22 years
Home Phone:
Gender: Male
Work Phone:

Accession No:							
Doctor:							
Collection Date:	12/29/21 10:19 AM						
Fasting Status:	YES						
Original Print Date:	12/29/21 1:12 PM					Ref. Range	Units
WBC	4.5 L					4.8 - 10.8	K/uL
LYM %	45.2					20.5 - 51.1	%
_LYM #	2.0						
MID %	4.9					1.7 - 9.3	%
_MID#	0.2						
GRAN %	49.9					42.2 - 75.2	%
_GRAN #	2.3						
RBC	5.41					4.20 - 6.10	M/uL
HGB	16.3					13.2 - 17.3	g/dL
HCT	50.8 H					39.0 - 50.0	%
MCV	94					80 - 97	fL
MCH	30.2					27.0 - 31.0	pg
MCHC	32.1 L					33.0 - 37.0	g/dL
RDW	13.5					11.5 - 14.5	%
PLT	266					130 - 400	K/uL
MPV	7.8					7.4 - 10.4	fL
TSH3	1.9					0.4 - 3.0	uUI/mL
Glucose	101					74 - 106	mg/dL
Na	136 L					137 - 145	mmol/L
K	4.0					3.5 - 5.1	mmol/L
Cl	102					98 - 107	mmol/L
BUN	14					7 - 20	mg/dL
CREA	0.8					0.7 - 1.5	mg/dL
T.Billl	0.60					0.20 - 1.30	mg/dL
Trig	108					0 - 150	mg/dL
Chol	220 H					0 - 200	mg/dL
HDL	81 H					0 - 40	mg/dL
VLDL	21.6						
LDL	117					39 - 160	
ALP	84					38 - 126	U/L
AST	33					15 - 46	U/L
ALTV	34.0					0.0 - 50.0	U/L
T.Protein	8.3					6.8 - 8.8	g/dL
ALB	4.9					3.5 - 5.0	g/dL
Ca++	10.1					8.4 - 10.2	mg/dL
CO2	25.0					22.0 - 30.0	mmol/L
Vitamin D	41.4					30.0 - 100.0	ng/mL
Vitamin B12	866.0					250.0 - 1100.0	pg/mL

Reviewed By: _____ Date: _____

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom hearing

From: Bradley White <bradley52890@gmail.com>
Sent: Wednesday, March 30, 2022 7:01 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom hearing

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

I received word that there would be a public hearing regarding the use of kratom. I normally don't speak out but I wanted to say that kratom quite literally saved my life. I have been diagnosed with treating resistant depression and anxiety and with no medicine helping I turned to alcohol and became dependent. I lost my girlfriend, my friends, my job as a chemical engineer, and my relationship with my parents. After working to kick the alcohol I was still stuck with an inability to get out of bed from the depression and eventually got to the point where I didn't know what else to do. I tried kratom and it saved my life. It took the endless depression and anxiety off just enough where I felt normal. I didn't feel high or euphoric or anything, I just felt normal. Since then I was able to get a great job as a senior process engineer for a pharmaceutical company. I have a great girlfriend who I live with along with our golden retriever. I see my parents almost every week and have an amazing relationship with them. My friendships have flourished and although I still have low level anxiety and depression, it does not prohibit me from getting out of bed or functioning. If you take away kratom I really can't express the damage it would do to my life. To be honest it horrifies me. I have years of bloodwork with perfect results and no issues that have arisen from kratom use. Please do not ban kratom, I can't express how devastating that would be and I don't want to think about where I'd be.

Thank you for listening,

Brad

Sent from my iPhone

Kristopher Mangosing

To: Yenh Long
Subject: RE: Keaton hearing

From: kristin oldach <koldach@yahoo.com>
Sent: Wednesday, March 30, 2022 6:59 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Re: Keaton hearing

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern,
I am writing to you today to implore
you to reconsider your stance on Kratom.
I suffer from chronic pain. I am 40 years old and just received my second hip replacement. I also have two herniated disks in my cervical spine. I suffer from pain every day from the moment I wake up. The only respite I have is Kratom. My doctors have tried prescribing me opiates for over a decade. I hate them. They may take the edge off the pain, but they make me feel sick and I'm unable to work while on them. Not to mention the likelihood of addiction. I've tried tramadol and it put me in the hospital with a seizure.

Kratom gives me relief from my pain with out feeling high. Because of Kratom I am able to work my job that requires being on my feet all day and helps put food on the table for my son.

I am not a drug addict. Please don't treat me like one. I am a regular mom working full time who suffers from chronic pain and Kratom is the only thing that helps. If states start putting a ban on Kratom I will likely have to start taking opiates, please dont push me towards a drug that has reaped so much havoc on our country.

Sincerely
Kristin M

Kristopher Mangosing

To: Yenh Long
Subject: RE: proposed kratom ban.

From: Bob Nelson <omagbob@gmail.com>
Sent: Wednesday, March 30, 2022 6:51 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: proposed kratom ban.

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Please take into consideration the increasing number of Americans -- myself included -- who are chronic pain sufferers who have finally found a safe, effective way to take the edge off of severe pain without prescription opioids and constant visits to pain clinics. This increasing demonization of what for many are the only effective pain-management techniques is sending more and more chronic pain sufferers (I've had a severe case of AS for two decades) toward street drugs increasingly laced with fentanyl. And no, I don't feel good taking a scoop of kratom every four hours. I am able to work.

thanks,

bob nelson

Kristopher Mangosing

To: Yenh Long
Subject: RE: Upcoming Hearing on Kratom Ban/ Pharmaceutical Status Change Possibility

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From: Nancy Miller <nancymiller4@gmail.com>
Sent: Wednesday, March 30, 2022 6:48 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Upcoming Hearing on Kratom Ban/ Pharmaceutical Status Change Possibility

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Sir or Madam,

I've been taking kratom for years; it helps me in many ways physically and mentally. It is ridiculous that they are thinking of regulating kratom other than it being over the counter as other herbs and vitamins are. When is regulation going to stop excessively in government, this being the pharmaceutical sector, which will negatively affect the health and well-being of the common public.

Kindly vote against this proposition for the State of NV at the April meeting. This is America for goodness sakes ... freedom !

Kristopher Mangosing

To: Yenh Long
Subject: RE: Reconsider banning kratom

From: PHL KNIVES <phlknives@gmail.com>
Sent: Wednesday, March 30, 2022 6:47 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Reconsider banning kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern,
As someone who has suffered with chronic pain and depression from non-progressive/slow progression avascular necrosis in my femoral head from an injury and PTSD. I have found tremendous success with kratom and would feel like I was starting over or severely set back in my life if it was made illicit.
I was diagnosed with PTSD at 27, and AVN at 32. I had developed agoraphobia with panic disorder from the PTSD and stopped leaving my home until intensive therapy. While working with a trauma specialist and psychiatrist to find something to give me my life back I ended up making progress in therapy, but I couldn't shake the depression completely. My life felt blunted and meaningless many days. Then came the AVN diagnosis and my depression came back to the pre-therapy levels. I was telling my therapist in weekly session's that I didn't know what to do and was terrified of going towards pain management knowing that addiction is real and has killed many people I know. I was talking with 2 wounded veterans I am friends with on separate occasions and they both mentioned kratom had helped them. I did a few months of research on what it was while still on crutches or a cane, miserable with my life. I discussed with my therapist (previously worked in addiction therapy before speculaizing in trauma patients) said she would want to monitor me if I had chose to try managing my pain with kratom after she did research as well. Fast forward 9 months of weekly 2 hour sessions and she was extremely impressed that my dose had not been growing weekly or even monthly, my depression was nearly gone and I was actually finding positives in my sessions. She actually wrote letters in against banning kratom after seeing my progress in 2016.
In the following year I ended up starting my own business and doing contract work in high threat medical training. In this same year I was walking unassisted, growing my business and traveling to multiple states in a month. Had you asked me 2 years before would that have ever happened I would have said absolutely no way. Agoraphobia made even a 15 min drive to therapy year 1 extreme difficult.

I know kratom is not responsible for all of this but walking without any aids and being able to start a business I can 100% say is with the help of kratom. While this is anecdotal evidence,I will say that I know myself and others who had a profound effect from kratom. Friends who have been severely injured in combat and thought life would never be the same. 2 of them now have business's, went off disability and have purpose in life again. Both credit not being in blinding pain or hooked on opiate pain medication daily which both had been in the past and it nearly ruined their lives. Both had reservations about kratom and even took time off from taking it to make sure it wasn't going to be horrible withdrawals and depression. Both quit for 1 month and 2 months respectively and neither had anything more than a runny nose, tired and pain returning to their injuries.

If you ban this plant you will be responsible for more people going towards pain medications and the severe addiction we all know comes with it. Kratom has a self regulation effect in ground form. No one I know who took or takes it keeps taking more and more to try to get high or some euphoria. I believe as well as my therapist and M.D.s I talk to about this, removing kratom from the toolbox for the average person will result in deaths.

Kindly take my story into consideration and please think about all those like myself who you will never hear about but because we are not abusing this plant, we have businesses and just want to be left alone. Please do not let the small number of irresponsible people take away a highly beneficial plant for everyone. Thank you for your time.
Rich-

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom Ban

From: Jordan Snyder <jpsnyder44@gmail.com>
Sent: Wednesday, March 30, 2022 6:45 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I am writing this email to voice my objection to the Kratom ban. Kratom is natural supplement that helps relieve many ailments in the body. The only reason for the attempted ban is because pharmacy companies are losing money from people being able to deal with pain naturally. This is fundamentally and morally wrong. This is a direct threat and violation to American health and needs to be stopped.

Jordan Snyder

Kristopher Mangosing

To: Yenh Long
Subject: RE: Keep kratom legal

From: S B <stacy12345678@gmail.com>
Sent: Wednesday, March 30, 2022 5:58 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Keep kratom legal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

If kratom is banned, I won't be coming back to visit Nevada. It would be unfortunate because I love visiting the beautiful state parks and the cities of Laughlin, Eli, Pichoe, and Reno. I'm probably not the only tourist who will choose to visit other states where kratom is not banned. Kratom significantly improves my quality of life and allows me to hike and travel with less pain.

Stacy B.

Kristopher Mangosing

To: Yenh Long
Subject: RE: URGENT

From: Mel <melg.2015@yahoo.com>
Sent: Wednesday, March 30, 2022 6:03 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: URGENT

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern,

I am a mother of eight, my daughter was killed tragically in front of her children, I turned to alcohol and almost lost my life because of my deep depression following this tragic day, I am pleading with you to listen to the science and not the propaganda that has been spread against kratom, Kratom saved my life and I no longer use alcohol to cover my depression and anxiety.

There are many lies out there against the Kratom plant that are simply not true, no one has ever overdosed or died from this plant, please listen to the science and not the lies being spread, if Kratom is banned many states will follow and many people will suffer they have depended on kratom for so long. Please do the right thing and hear the peoples voices. Thank you for reading

Melissa Abskharoun

Kristopher Mangosing

To: Yenh Long
Subject: RE: Ban on Kratom

From: Renee Marie <renee.marie1103@gmail.com>
Sent: Wednesday, March 30, 2022 6:10 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Ban on Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I'm reaching out because I have been made aware that there is an upcoming hearing to ban the sale of Kratom in NV.

I am writing from experience being that my loved one was addicted to meth for years and turned to lying and stealing to feed his habit. Which also led to jail time and stays at rehab multiple times.

The last stay in rehab, after a 6 month stay in prison, he cleaned himself up and found Kratom extremely helpful in keeping him clean and on the right track. Its been 2 years since he became a free man from jail and addiction. He has held the same job and remains clean to this day.

He lives with me and has since his release from rehab. He is a different person and back to the brother I remember prior to his addiction. He functions as a normal member of society, earns and pays his own way. He has rebuilt his life and even quit smoking through this process.

I would hate to have this harmless product taken from him when it seems its what has drastically helped him to take control of his life.

-He is not angry, but even tempered.
-He is not withdrawn, but now able to carryon conversations and have relationships with others.
-He is not out committing crimes, but a working, tax paying citizen.
-He is not living on the streets, but renting his own space and never been late on payment.
-He is no longer going hungry, but makes enough to buy his own groceries and order out.

As you can see, Kratom has made a world of difference for my Brother. He has come back to life and is a survivor from something most do not come back from.

Please consider others like my brother who use this product and have been able to turn their lives around and those who this keeps them from turning to a life of addiction and crime.

Thank you for your time and consideration.

Renee Williams
Loving & Thankful Sister to a former active addict

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom Ban Hearing in Las Vegas Apr 14th

From: Joshua Pritchard <jcraig26@gmail.com>
Sent: Wednesday, March 30, 2022 6:11 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban Hearing in Las Vegas Apr 14th

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear reader,

I am writing to express my feelings and stance on the kratom ban.

\I injured my back (torn ligament L1- S2) in 2005 (I was 25yr old) and became addicted to oxycontin which led to a 10yr disaster which ended with a full blown addiction to heroin. Somehow I stayed away from intravenous use however I used everyday all day through my nose. I lost everything. I am a college educated and highly successful IT Manager and have worked for Microsoft, Xerox, Ingredion and Celgene Bio-Pharmaceuticals. I finally went to rehab and got clean in 2015 and haven't used since. Part of what keeps me going and also controls the pain WAY better than tylenol or OTC pain meds is Kratom. We need to understand more about Kratom at the federal level before we start putting bans in place. The damage to those of us who have recovered from drug addiction and need Kratom to continue to control pain could be catastrophic to an already opioid saturated culture.

Please consider this ban as destructive.

Thank you,

Joshua C Pritchard

Kristopher Mangosing

To: Yenh Long
Subject: RE: Do not ban Kratom

From: ManClimbTree <st.shaman123@gmail.com>
Sent: Wednesday, March 30, 2022 6:26 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Do not ban Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Greetings. I want to express my thoughts and feelings about your proposed Kratom ban in the state of Nevada. I think it is downright ignorant of you people to even propose such a thing. Do you have any idea about how many people are being helped by this medicinal plant? Do your due diligence and you will find that many people are finding real relief from severe pain without having to use dangerous pharmaceuticals, or are even getting off of those dangerous and deadly pills with the help of Kratom. Kratom also is helping many alcoholics and drug addicts wean off of their drugs and achieve sobriety.

Kratom is not a dangerous plant and there is no real evidence to prove that it is. In fact, it is in the same family as the coffee bean. And at the end of the day, don't knock it til you've tried it. If the state of Nevada embraces Kratom instead of banning it, it can only mean good things for the good people of Nevada. If you care about the citizens of Nevada, don't ban this medicine.

So please, I encourage you to do some real research and interview people who have been helped by it. So many peoples lives have been changed for the better because of this medicine. Don't let anyone fool you. Again, I reiterate; Be Wise and Do Your Own Research.

Thank you.

Kristopher Mangosing

To: Yenh Long
Subject: RE:

From: Mark Cadero <mark.cadero@gmail.com>
Sent: Wednesday, March 30, 2022 6:28 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject:

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi my name is Mark Cadero I have been using kratom for about 3 years. It is the only thing that works for me. I have been to doctor after doctor no prescription drugs even come close to helping me. Before I found kratom I had not had a good night sleep for about 25 years I have taken a whole box of sleeping pills one night 2-3 at a time spread out every 3-4 hours still could not sleep. Then about 5 years ago I developed a VERY bad case of restless leg. Again No Doctor could help. Kratom is the only thing that works for me. Please do not ban Kratom. I don't know what I would do without it. It has been a life saver for me. Thank You, Mark

Kristopher Mangosing

To: Yenh Long
Subject: RE: Kratom Ban

From: Joshua Swonke <joshswonke@gmail.com>
Sent: Wednesday, March 30, 2022 6:39 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

The Nevada State Board of Pharmacy-

It has come to my attention that you will be holding a hearing to consider whether or not to ban kratom.

I am writing to show my support for kratom and hope that you reconsider your motives. I hope that your initiatives are based on science and evidence, and not merely a claim or from funding you receive through lobbying.

Kratom has helped the lives of many fight other more serious addictions.

Banning kratom would be devastating to many businesses and livelihoods in your area. All for what?

If anything, why not dedicate more time and resources to studying how kratom has helped the lives of many and it's potential effects.

Thanks-

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Kratom Ban

From: Skyler DiMurro-Scheere <skylerscheere@gmail.com>
Sent: Wednesday, March 30, 2022 8:39 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom Ban

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

My name is Skyler DiMurro-Scheere. I live in Arizona, but the pending kratom ban in Nevada would deeply affect me. Arizona has adopted the Kratom Consumer Protection Act, which prevents anyone under the age of 21 to buy kratom, and requires kratom vendors to validate that there are no adulterants in their products.

I started using kratom 5 years ago for a variety of reasons and it has greatly improved my way of life. I'm part of the supportive and active community of kratom users, I'm part of my own community, part of my son's school, I have an excellent job in software development, I pay my taxes, I'm a law abiding citizen, and I'm concerned about Nevada's pending ban.

The vendor I purchase kratom from is in Nevada. Over the years, I've developed a trusting relationship with Mitragaia and it would be devastating for me and others if this ban went through. I'm sure you are aware that there is a lot of false information surrounding kratom, and it would be a shame if it were banned.

I urge Nevada lawmakers and the Nevada Board of Pharmacy to reconsider a ban and instead adopt the KCPA like so many other states have. As a kratom consumer, I feel like I can take kratom safely because of it.

Thank you,

Skyler DiMurro-Scheere
7060 E Katchina Ct
Tucson AZ 85715

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Kratom

From: ADKR KV <dudleykv@gmail.com>
Sent: Wednesday, March 30, 2022 8:38 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

As one of the millions of responsible Kratom users I ask you not to ban it from sale or possession in Nevada. It has changed my life and I am arthritis pain free because of it. If Nevada bans it, I will not be able to travel there to vacation and ski. Regulate it, tax it, do whatever you need to do, but please do not ban it.

Milton Dudley
34 Market St, Keene Valley, NY 12943
518-524-6895

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Kratom hearing

From: Gregg Hawks <gregg.hawks@gmail.com>
Sent: Wednesday, March 30, 2022 8:38 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom hearing

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern;

I want to let you know my experience with Kratom. 4 years ago I began taking small doses of Kratom for Anxiety. I had tried prescription medications and they either made me feel listless or like a zombie, a poor reflection of the person I was. Immediately I saw the benefits. I was more productive at work, more calm during the day without feeling "buzzed", more oriented to working with my fellow workers. I had begun to enjoy life once more. Later I noticed that I could do physical labor for longer and without pain I had experienced my entire life. I have an artificial hip and two artificial knees and still experienced back and shoulder pain. My right shoulder was injured years ago and it tore a tendon that is not repairable. I have been in near constant pain from it. I noticed after beginning Kratom, less pain, more flexibility. You may say its just the placebo effect, it may be. Either way, I'm happier, under less stress, able to work, move and enjoy life in a manner I thought was gone for me. Kratom did this.
I take yearly physicals with blood work and have seen no negative effects.
After I had been taking it for about a year I met a young man who had been a heroin addict. He had been addicted for 4 years and had lost his wife, family, job and unfortunately the will to live. He related his experience of using Kratom and having the cravings for heroin diminish. He saw light at the end of the tunnel and sought help. He entered treatment and has been in recovery for 2 years now. He said without Kratom he is not sure he would have taken the step toward regaining his life.
I beg you to let people have access to this plant, I have seen the benefits. If you will only look you will too. Prescription drugs are allowed on the market that have proven deadly side effects, because they help some people. I have never heard of an overdose of Kratom that wasn't laced with some other material like fentanyl. It would have been deadly without the Kratom, so don't blame this plant for that death.
Please don't rob your citizens of this aid to living a better life.

--
Gregg Hawks
336 326 6218

-

Kristopher Mangosing

To: Pharmacy Board
Subject: RE: Kratom

From: Doris Long <dlong160@icloud.com>
Sent: Wednesday, March 30, 2022 8:37 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Kratom

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Sirs:
I am a 62 year old former VA RN and I have osteoarthritis, as well as anxiety. Kratom has been Vital to my relief from pain and ability to sleep at night. Please do not make this very helpful plant inaccessible to the many many people who are helped by Kratom.!
Making it a controlled substance is unnecessary and almost punitive to those of us who are disabled and thus impoverished.
This very helpful plant is used only as needed. Since continuing to function helps with arthritis, the unfettered access to Kratom is a great benefit to me and many thousands of others. It has been used for untold years in Asia and should remain a medicinal herb available to all who need it!
Thank you so much for hearing me!
Doris Long

Sent from my iPhone

19

20

21